ANNUAL REPORT

Alberta

THE ALBERTA HEALTH CARE INSURANCE PLAN

ANNUAL REPORT

FOR THE YEAR ENDED

MARCH 31, 1982

March, 1983

TO THE HONOURABLE GERARD J. AMERONGEN,
Speaker of the Legislative Assembly of Alberta

SIR:

I have the honour to present the Annual Report of the Alberta Health Care Insurance Plan for the year ended March 31, 1982.

Respectfully submitted,
D.J. RUSSELL
Minister of Hospitals
and Medical Care

March, 1983

TO THE HONOURABLE D.J. RUSSELL, Minister of
Hospitals and Medical Care, Legislative Building,
Edmonton, Alberta.

SIR:

I am pleased to present this 13th annual report which provides details of Alberta Health Care Insurance Plan activities and Health Insurance Fund operations for the fiscal year beginning April 1, 1981 and ending March 31, 1982.

Respectfully submitted,
LLOYD C. GRISDALE, M.D.
Deputy Minister of
Hospitals and Medical Care

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1. HIGHLIGHTS

For the 12 month period — April 1, 1981 to March 31, 1982

REGISTRATION

During the year, the number of persons covered increased 5.06% to 2,423,043 and the number of registrations increased 6.48% to 1,117,015.

The number of registrants receiving coverage at reduced premium rates decreased.

	Registrations March 31, 1982	Registrations March 31, 1981
Complete Subsidy — (based on taxable income)	43,267	52,474
Partial Subsidy — (based on taxable income)	3,702	4,541
Total Subsidized Registrants —	46,969	57,015

The number of registrants in the 65 years of age and older group, who were exempted from premium payment, increased 4.18% to 137,656 and the number of persons covered increased 4.15% to 203,059.

The number of registrants in the social allowance recipient group, who received premium free coverage, increased 16.75% to 43,982 and the number of persons covered increased 19.72% to 96,303.

The number of registrants who did not qualify for the 100% subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties, decreased 45.24% to 23.

The number of groups increased 2.41% to 14,122 and the number of persons under group coverage increased 6.33% to 1,592,794. These figures included registrants 65 years of age and older and their spouses and dependants, and registrants in receipt of an allowance under The Social Development Act.

Registrants who chose to opt out of the Plan for the year ended March 31, 1982 increased 7.27% to 118 from 110. This involved 315 persons who were responsible for paying for their own health services.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

The number of registrations under Alberta Blue Cross Non-Group coverage increased 2.41% to 228,511 and the number of persons covered grew 1.41% to 429,979. This was due to continuing increases not only in registrants purchasing Alberta Blue Cross Non-Group Memberships at regular rates, but also in registrants age 65 years and older who were granted free coverage for Alberta Blue Cross.

FEDERAL COST-SHARING

Under the Federal Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, federal contributions to the provinces consist of tax-point transfer and direct cash contributions. Only the Medicare portion of the cash contributions is paid directly to the Plan.

PAYMENTS OF BENEFITS

During the year, 21,317,000 claim records were received, representing an increase of 11.19% over the previous year. An average of 86,000 claim records per working day were received compared with 77,000 in the previous year.

Total payments for Basic Health Services increased 24.70% to $366,591,884 from $293,977,113.

The Workers' Compensation Amendment Act, 1981 and its consequential amendment to the Alberta Health Care Insurance Act effective January 1, 1982, transferred from the Workers' Compensation Board to the Health Care Insurance Fund the responsibility for paying benefits for Basic Health Services provided to injured workers coming under the Workers' Compensation Act. Total payments for Workers' Compensation Services were $818,024 during the period from January 1 to March 31, 1982.

A new policy initiative was implemented on July 1, 1981, to make Physiotherapy services available on a fee-for-service basis. The data relating to payments for Physiotherapy services cover only the nine-month period from July 1, 1981 to March 31, 1982.

Fee-for-service payments for Basic Health Services and their changes over the previous year were:

Medical	$334,760,085 a 23.51%	increase of $63,729,388
Oral Surgery	$ 4,208,521 a 69.60%	increase of $ 1,727,090
Chiropractic	$ 15,540,895 a 26.42%	increase of $ 3,247,605
Optometry	$ 6,281,193 a 20.40%	increase of $ 1,064,233
Podiatry	$ 1,795,654 a 17.67%	increase of $ 269,678
Physiotherapy	$ 2,355,147	

The number of Alberta practitioners claiming during the year and the percentage change from the previous year were:

Physicians	2,909	4.79% increase
Dental Surgeons	656	14.49% increase
Chiropractors	285	6.74% increase
Optometrists	188	3.30% increase
Podiatrists	15	7.14% increase
Physiotherapists	118	

The average fee-for-service payments to Alberta practitioners and the percentage change over last year were:

Physicians	$113,466	18.07% increase
Dental Surgeons	$ 6,407	48.31% increase
Chiropractors	$ 54,264	18.49% increase
Optometrists	$ 33,289	16.62% increase
Podiatrists	$119,274	9.80% increase
Physiotherapists	$ 19,916	

In addition to fee-for-service payments for Basic Health Services, $1,650,389 was paid to Provincial and Federal Departments and Agencies and groups of medical practitioners for health care services provided on salary, sessional and contract arrangements.

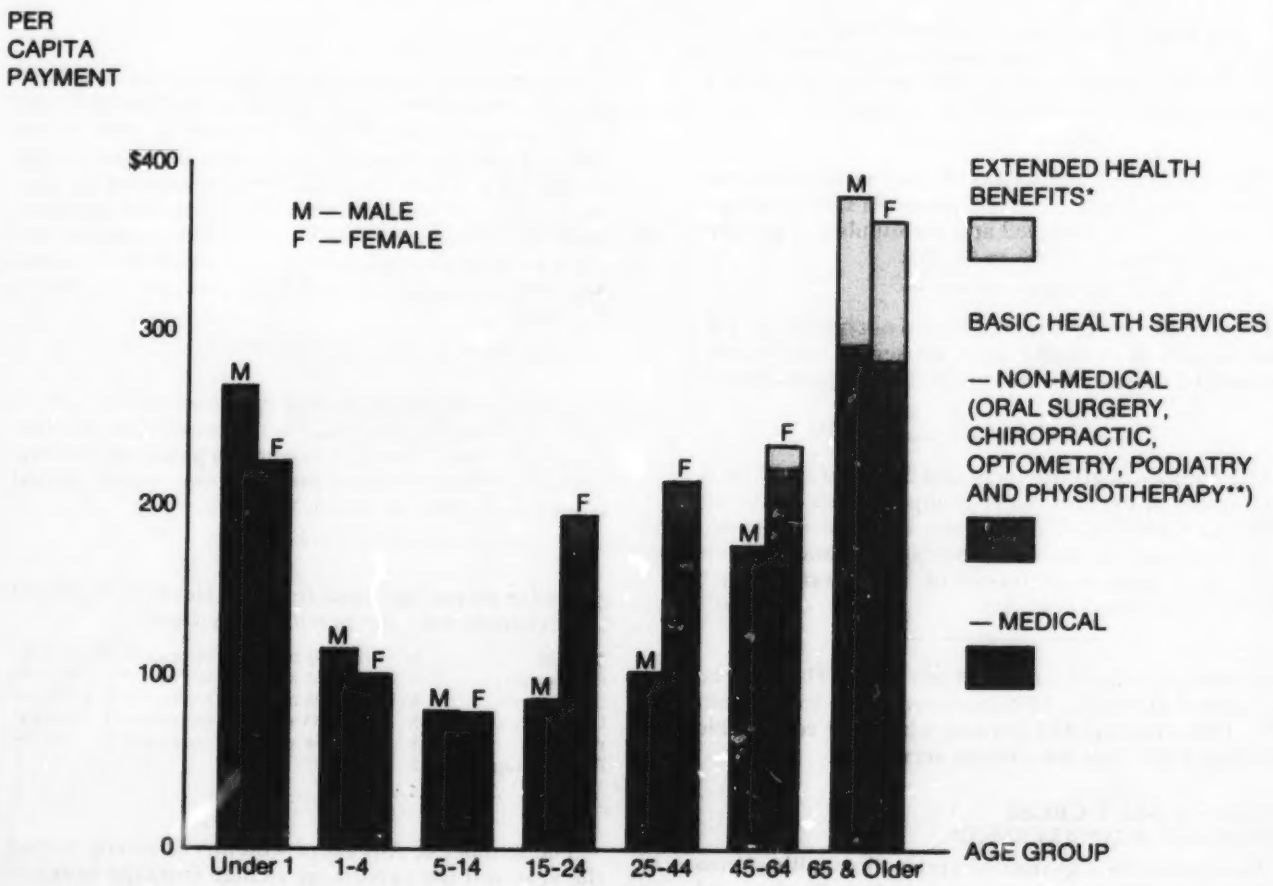
The Plan's average cost of fee-for-service benefits for Basic Health Services increased 18.74% to $150.61 per person.

EXTENDED HEALTH BENEFITS

Under the Extended Health Benefits Program, where a registrant or spouse was 65 years of age or older, they and their dependants were entitled to receive dental and optical benefits. The total payments and average cost per person for these benefits were:

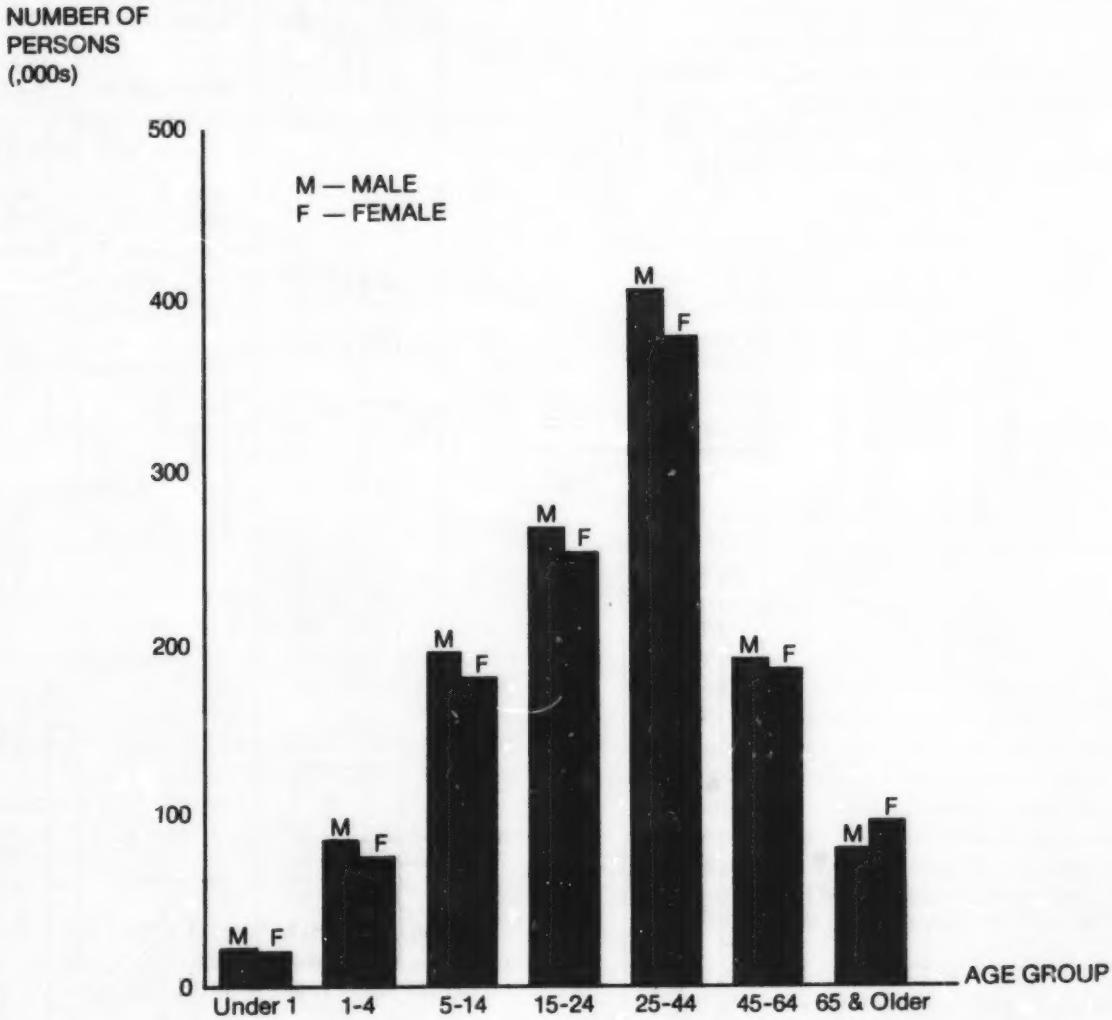
Dental	$10,389,072	$51.16
Denturists	$ 3,945,639	$19.43
Optometry	$ 1,605,608	$ 7.91
Ophthalmic Dispensers	$ 1,385,519	$ 6.82

DISTRIBUTION OF AVERAGE PAYMENTS PER PERSON COVERED FOR BASIC HEALTH SERVICES AND EXTENDED HEALTH BENEFITS BY AGE AND SEX FOR THE YEAR ENDED MARCH 31, 1982



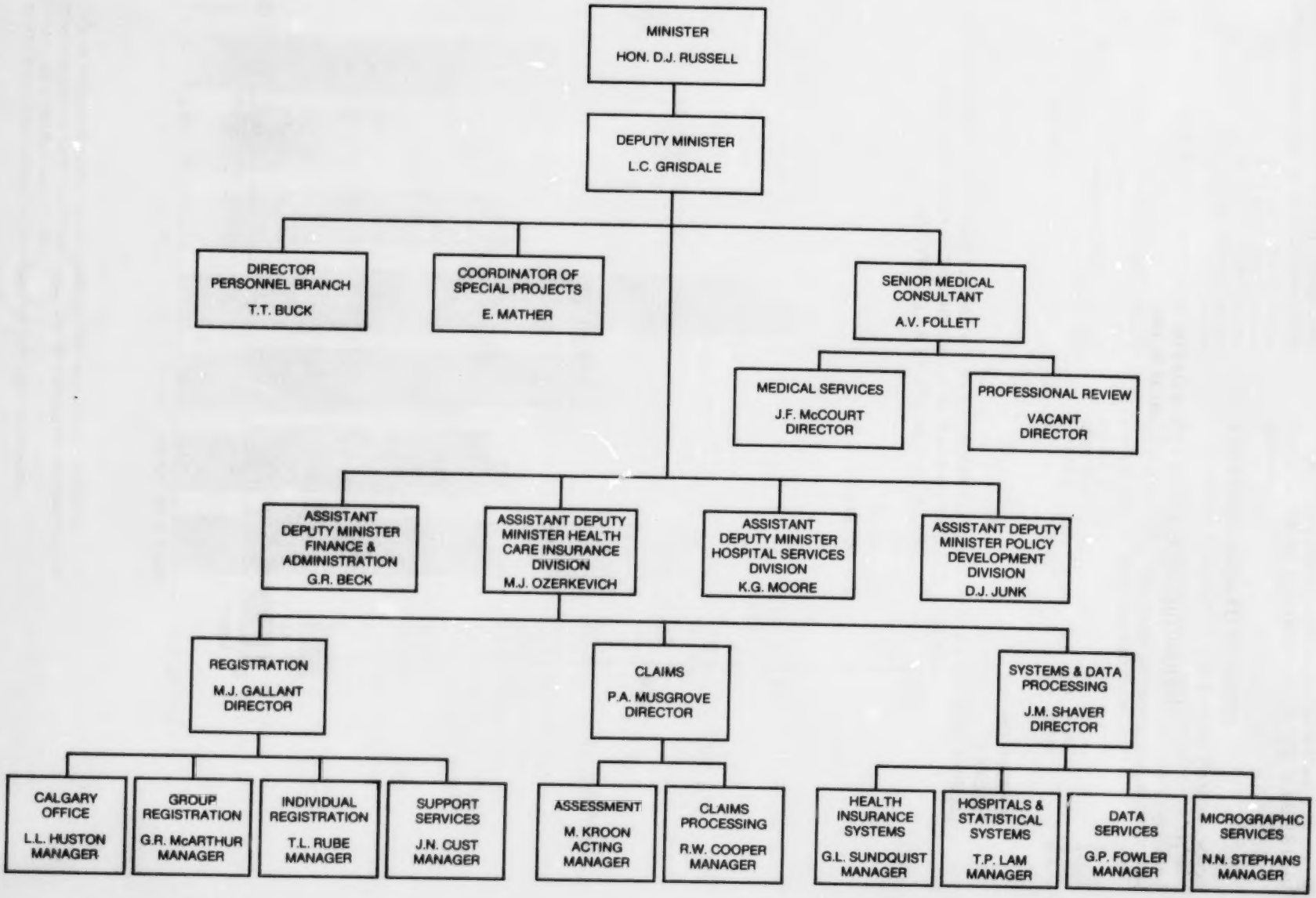
*Cover residents 65 years of age and older and their spouses and dependants.
**Includes only fee-for-service Physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.
NOTE: Where per capita payment was less than $1.00 it was not indicated.

DISTRIBUTION OF PERSONS COVERED FOR BENEFITS BY AGE AND SEX AT MARCH 31, 1982



2. ORGANIZATION CHART

ALBERTA HOSPITALS & MEDICAL CARE
HEALTH CARE INSURANCE PLAN
MARCH 31, 1982



3. ADMINISTRATION OF THE PLAN

Lloyd C. Grisdale M.D., Deputy Minister, was directly responsible to the Honourable David J. Russell, Minister of Alberta Hospitals and Medical Care, for the administration of the Alberta Health Care Insurance Plan and the operation of the Health Insurance Fund.

Michael J. Ozerkevich, Assistant Deputy Minister of the Health Care Insurance Division, was responsible to the Deputy Minister for the day-to-day operation of the Plan, assisted by the directors of the three branches of the division. Providing support were the Finance and Administration Division and the Policy Development Division, as well as the Senior Medical Consultant, Coordinator of Special Projects and Personnel Branch.

REGISTRATION BRANCH

Marcel J. Gallant was Director of this branch which was responsible for:

- registration of all residents and the updating of registration information;
- recording of Alberta Blue Cross Non-Group memberships obtained through the Plan;
- premium billing;
- public information services in Edmonton and Calgary, and
- field staff which provided assistance to employers and others operating under the group plan.

CLAIMS BRANCH

Phillip A. Musgrove was Director of this branch which processed claims for:

- benefits for Basic Health Services provided both within and outside the Province;
- optical and dental benefits, provided both within and outside the Province, under the Extended Health Benefits Program;
- benefits for Workers' Compensation Board patients;
- special benefits under the Emergency Financial Assistance Program, and
- benefits for insured hospital services provided outside Alberta.

SYSTEMS AND DATA PROCESSING BRANCH

Joseph M. Shaver was Director of this branch which provided information systems support to the Plan in the areas of:

- EDP planning;
- new project development;
- maintenance and enhancements to existing systems;
- data processing operations, including data conversion, data control, computer processing and monitoring computer processing;
- liaison with the Information Services Division of Alberta Government Services, and
- micrographics systems and services.

DEPARTMENTAL SUPPORT

FINANCE AND ADMINISTRATION DIVISION

This division, under the Assistant Deputy Minister George R. Beck, provided support by:

- maintaining financial and accounting records;
- collecting premium and other revenues;
- preparing budget and fiscal reports;
- administering office services;
- providing expenditure control;
- maintaining an internal audit program;
- providing legislative planning, interpretations and legal services, and
- providing internal and external communications services.

POLICY DEVELOPMENT DIVISION

This division, under Assistant Deputy Minister Donald J. Junk, provided support by:

- initiating, coordinating and administering health economics research;
- gathering statistical data, and
- preparing data for fee negotiations with the health professions.

SENIOR MEDICAL CONSULTANT

This sector, under Senior Medical Consultant Arthur V. Follett M.D., provided support by:

- providing professional advice for the planning, delivery and economics of insured services programs;
- maintaining liaison with practitioners and their professional associations;
- developing claims assessment policies and reviewing the accuracy of claims submissions;
- conducting educational and technical training programs for the claims assessment staff, and
- issuing Statements of Benefits whereby all registrants of the Plan received semi-annual notification with regard to benefits paid on their behalf.

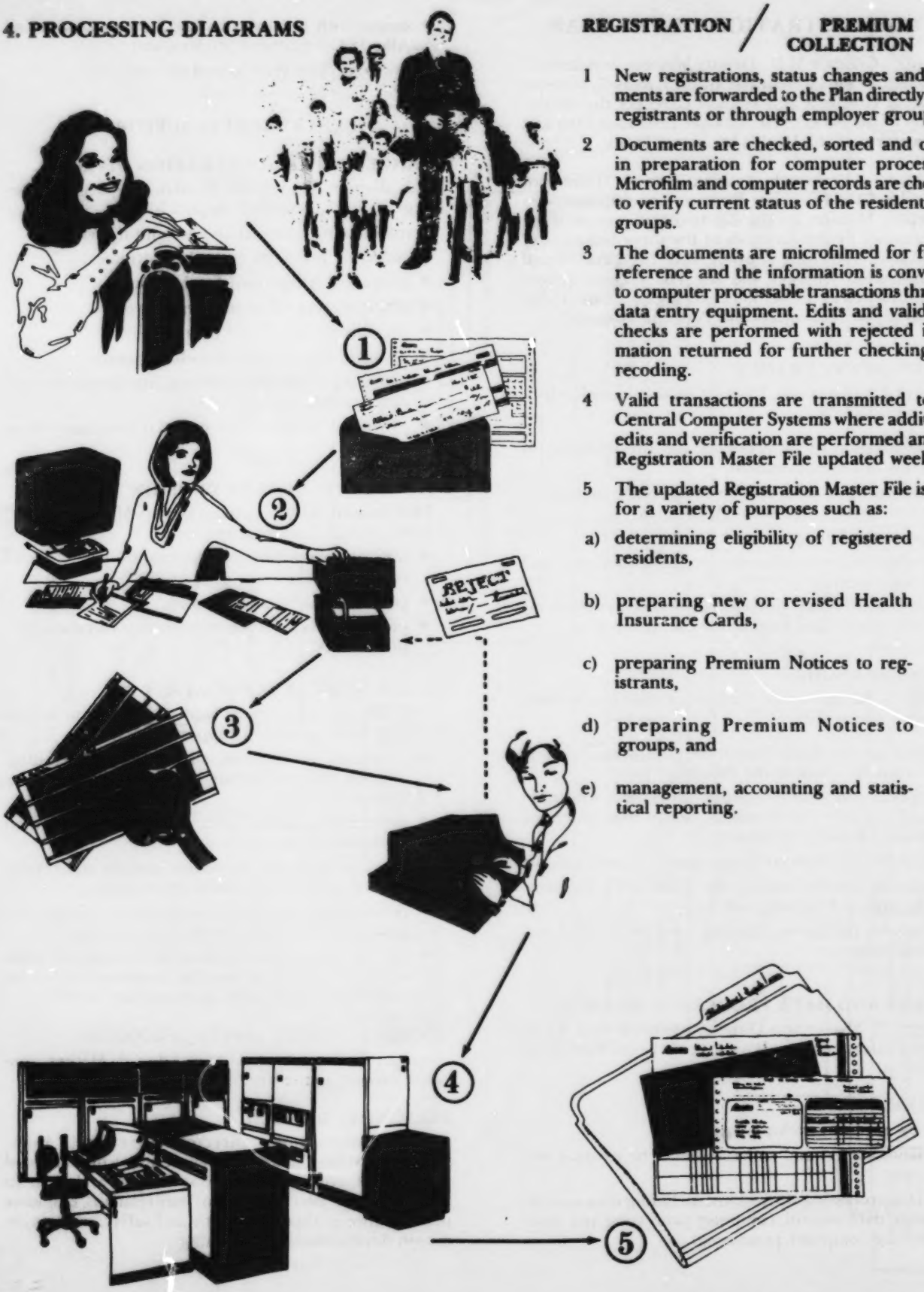
COORDINATOR OF SPECIAL PROJECTS

Special Projects Coordinator Edward Mather provided support in the development of new programs.

PERSONNEL BRANCH

This branch, under Director Terrence T. Buck, administered the Plan's personnel services, which included recruitment and selection of staff, pay and benefits administration, job classification, staff relations, employee performance evaluation, health and safety, and organization development and training.

4. PROCESSING DIAGRAMS



REGISTRATION / PREMIUM COLLECTION

1 New registrations, status changes and payments are forwarded to the Plan directly from registrants or through employer groups.

2 Documents are checked, sorted and coded in preparation for computer processing. Microfilm and computer records are checked to verify current status of the residents and groups.

3 The documents are microfilmed for future reference and the information is converted to computer processable transactions through data entry equipment. Edits and validation checks are performed with rejected information returned for further checking and recoding.

4 Valid transactions are transmitted to the Central Computer Systems where additional edits and verification are performed and the Registration Master File updated weekly.

5 The updated Registration Master File is used for a variety of purposes such as:

a) determining eligibility of registered residents,

b) preparing new or revised Health Insurance Cards,

c) preparing Premium Notices to registrants,

d) preparing Premium Notices to groups, and

e) management, accounting and statistical reporting.

CLAIMS
(Average of 430,000 Claim Records Per Week)

1 Claims are initiated in the practitioners' offices and sent to the Alberta Health Care Insurance Plan either in the form of claim cards or certified listings supported by magnetic tapes.

2 Upon receipt at the Plan the claim cards are sorted and identified as to payee.

3 The claim cards and listings are microfilmed and dated as to date of receipt.

4 A Claims in Process file is established to facilitate answering inquiries regarding claims processing.

5 The claim cards and listings are scanned for completeness, and the claim cards coded where necessary. The assessed cards are again microfilmed.

6 The claim cards are data converted for computer processing.

7 The claims are then read into the computer assessing system and each claim is checked against stored information to ensure that the claim is for an approved service by a registered practitioner for an eligible patient. The claims are also checked against a patient history file to ensure they do not conflict with prior benefits paid.

8 Claims which appear to be incorrect are rejected by the computer system and are reviewed further by the assessment staff ⑤. Certain of these claims are payable, and with the appropriate corrections the claims are re-entered at the data conversion stage ⑥. Unprocessable claims are returned to the submitter with explanations.

9 Claims which pass the computer assessment are paid weekly.

5. CHANGES TO RATES OF BENEFITS

The Minister of Hospitals and Medical Care increased the rates payable under the Schedules of Benefits of the Plan from January 1, 1982 (with the exception of the Schedule of Physiotherapy Benefits, where the increase was effective February 1, 1982) as follows:

Basic Health Services		
Physicians	—	16.47%*
Dentists	—	9.00%
Optometrists	—	13.00%
Podiatrists	—	13.00%
Chiropractors	—	13.00%
Physiotherapists	—	14.18%**
Extended Health Benefits		
Dentists	—	18.70%
Denturists	—	12.00%
Optometrists	—	13.00%
Ophthalmic Dispensers	—	13.00%

* In addition to granting a 16.47% increase in the Schedule of Medical Benefits effective January 1, 1982, the Government of Alberta committed a fund of $7.5 million to cover certain added benefits effective July 1, 1982. These benefits include payments for mandatory consultations, re-designation of the work day start, differentials for evening and nights, and differentials for week-ends and holidays.

** In addition to granting a 14.18% increase in the Schedule of Physiotherapy Benefits effective February 1, 1982, the Government of Alberta removed the payment limits for Private Physiotherapy Services during each benefit period for the following persons: (1) Registrants aged 65 years or older and their spouses and dependants, and (2) Insured persons for whom continuation of in-patient care is based on the joint referral by the physician and the hospital with the requirement for mandatory re-assessment by the referring physician after six weeks.

6. FINANCING OF THE PLAN

The Plan was financed by premiums, Government of Canada cash contributions and by a Government of Alberta grant to cover the deficit.

The Workers' Compensation Amendment Act, 1981 and its consequential amendment to the Alberta Health Care Insurance Act effective January 1, 1982, transferred from the Workers' Compensation Board to the Health Care Insurance Fund the responsibility for paying benefits for Basic Health Services provided to injured workers coming under the Workers' Compensation Act. For comparative purposes, actual provincial government contributions for the 1981/82 fiscal year have been restated by excluding expenditures for Workers' Compensation Services for the period from January 1 to March 31, 1982.

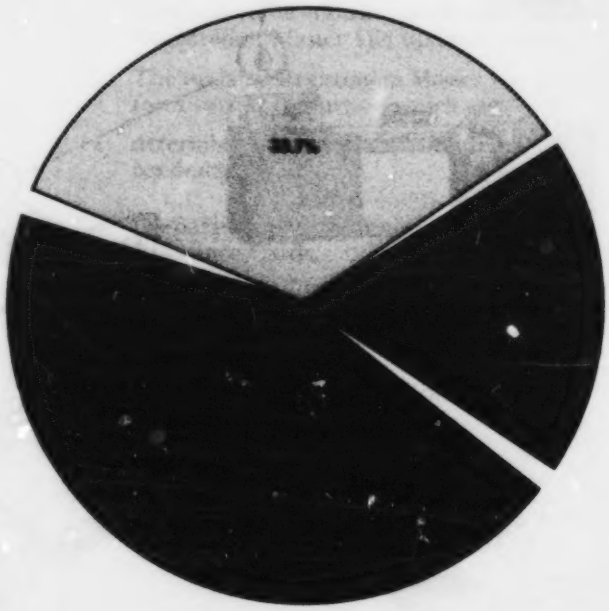
Premiums financed 33.7% of the cost of the Plan, versus 35.4% from last year.

Government of Canada cash contributions accounted for an additional 18.2% of the cost as compared with 19.3% for the previous year.

The remaining 48.1% was funded by a grant from the Government of Alberta. Last year this grant covered 45.3%.

Since April 1, 1977, Government of Canada contributions to the provinces have been in the form of transfer of tax points and direct cash payments. Only the Medicare portion of the direct cash payments was received by the Plan.

SOURCES OF REVENUE FOR THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEAR ENDED MARCH 31, 1982*

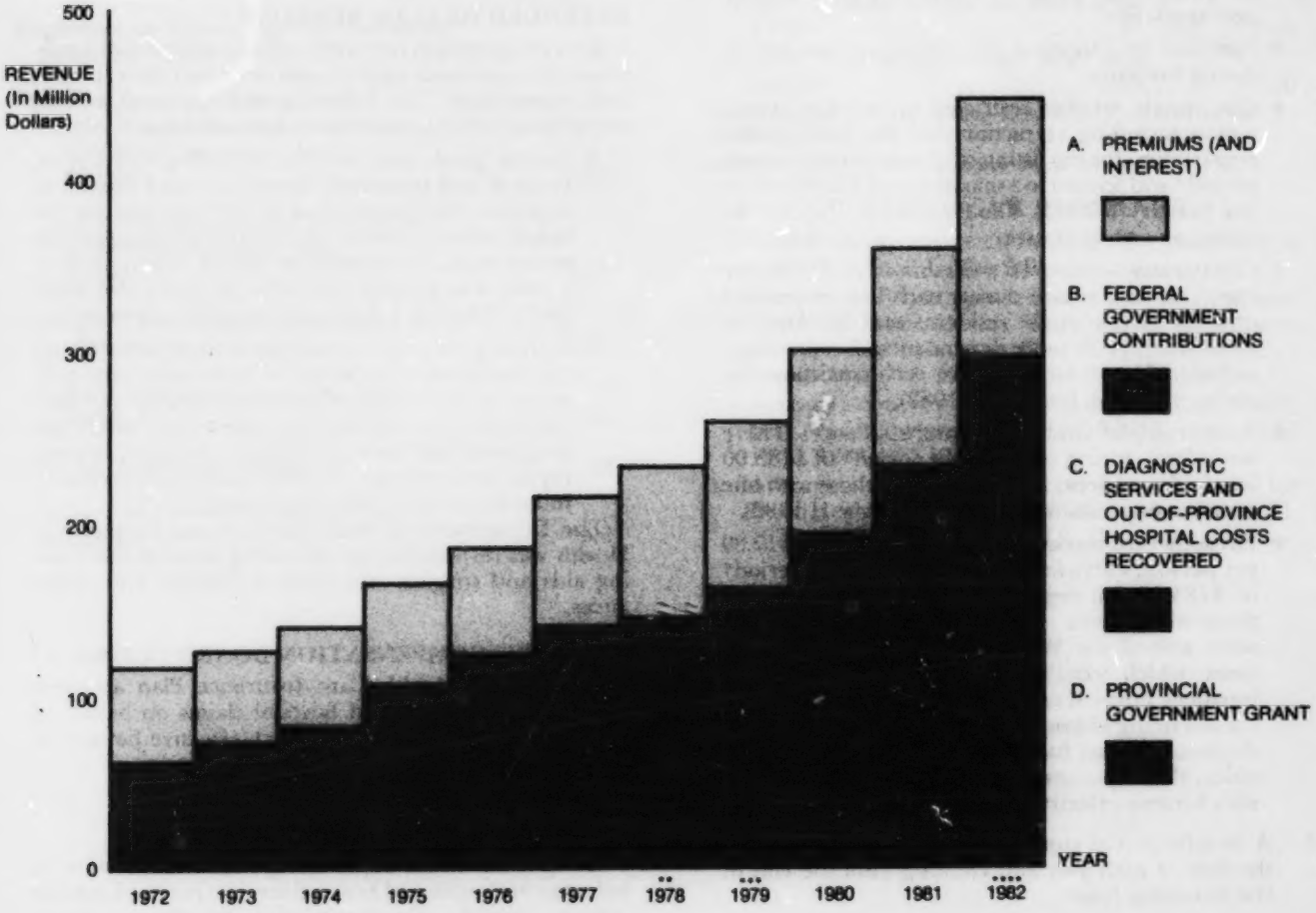


REVENUE:

- PREMIUMS (AND INTEREST)
- FEDERAL GOVERNMENT CASH CONTRIBUTION
- PROVINCIAL GOVERNMENT GRANT

NOTES:
*Excludes provincial government contributions covering expenditures for Workers' Compensation Services for the period from January 1 to March 31, 1982.

SOURCES OF REVENUE FOR THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEARS ENDED MARCH 31*



NOTES:

*Estimated on an accrual basis for 1972 to 1977 from audited statements of revenues.

**Effective April 1, 1977, the federal government contributions included direct cash contributions only, and therefore were not comparable to the previous years.

***The recovery of diagnostic services costs and out-of-province hospital costs was discontinued effective April 1, 1977 and 1978, respectively.

****Excludes provincial government contributions covering expenditures for Workers' Compensation Services for the period from January 1 to March 31, 1982.

7. BENEFITS OF THE PLAN

Benefits on a fee-for-service basis were based on approved schedules of benefits and paid to registered residents of Alberta or, on their behalf, directly to practitioners. Available benefits were:

BASIC HEALTH SERVICES

- Medically required services of general practitioners and specialists.
- Specified oral surgical procedures carried out by dental surgeons.
- Optometric services restricted to one eye examination including refraction and the writing of a prescription for the fitting of glasses in each benefit period* and limited to a maximum of $22.60 (effective January 1, 1982). The Plan did not pay for the fitting or cost of glasses.
- Chiropractic services to a maximum of $10.40 for each visit with a limit during each benefit period* of $183.00 for single residents and $366.00 for those with one or more dependants. This coverage included $18.10 for x-rays for each particular disability (effective January 1, 1982).
- Approved podiatric services and appliances. There was a limit during each benefit period* of $183.00 for single residents and $366.00 for those with one or more dependants (effective January 1, 1982).
- Physiotherapy services to a daily maximum of $17.80 per person, with a limit during each benefit period* of $183.00 for single residents and $366.00 for those with one or more dependants. These limits were waived for Workers' Compensation Board cases, which were considered a continuation of inpatient hospital care under the joint referral of the attending physician and hospital physiotherapy department, and for registrants aged 65 years and older, their spouses and dependants. (These benefits became effective February, 1982).

* A benefit period consists of 12 months, beginning the first of each July and running until the end of the following June.

HOSPITAL SERVICES

Coverage included hospital services provided under The Alberta Hospitalization Benefits Plan.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

Alberta Blue Cross Non-Group membership was provided through the Alberta Health Care Insurance Plan at no cost to registrants aged 65 and older and to their spouses and dependants. Non-Group membership was also available at reduced rates to other registered residents unable to obtain similar coverage through their place of employment.

The Alberta Blue Cross Plan, operated by the Alberta Hospital Association, was reimbursed by the Alberta Health Care Insurance Plan for the claims expenditure and for the associated administrative costs.

EXTENDED HEALTH BENEFITS

This program was provided without payment of a premium for registrants aged 65 and older and their spouses and dependants. The following benefits were paid in accordance with approved schedules of rates:

- Dental goods and services including restorative, surgical and prosthetic dental care and repairs to dentures. Not more than $1,200 was payable on behalf of one person for any two consecutive calendar years. A complete or partial dental plate or a reset was payable only once in every five years and a reline or rebase once in every two years.
- Optical goods and services prescribed following an eye examination or required to maintain the prescription. A benefit for new eyeglasses was not payable more than once in every three years unless the eyeglasses had been accidentally damaged beyond repair or a change of prescription was necessary following surgery affecting vision.

The Department of Social Services and Community Health was responsible for providing benefits for hearing aids and surgical and medical supplies and appliances.

WORKERS' COMPENSATION BOARD CLAIMS

The Alberta Health Care Insurance Plan assumed payment for medical and hospital claims on behalf of the Workers' Compensation Board (effective January 1, 1982).

EMERGENCY FINANCIAL ASSISTANCE PROGRAM

A registrant could apply for special consideration to help pay for health and hospital services received outside Alberta when the costs exceeded the benefits payable by the Alberta Health Care Insurance Plan and the Alberta Hospitalization Benefits Plan, and the excessive cost would have placed an undue burden on the registrant's financial resources. Application for assistance could be made where:

- the required services were not available in Alberta, or
- during temporary absence from Alberta, the services were required because of an emergency which could not have been foreseen or guarded against.

8. MONTHLY PREMIUM RATES

BASIC HEALTH SERVICES AND HOSPITAL SERVICES

Regular Premium Rates	
Single	$ 9.50
Family	19.00
Registrant or Spouse aged 65 and older	
Single or Family	Nil
Reduced Premium Rates	
Single, Taxable income more than $3000 but not more than $4000	4.85
Family, Taxable income more than $4000 but not more than $5000*	9.70
Single, Taxable income not more than $3000	Nil
Family, Taxable income not more than $4000*	Nil
Social Allowance Recipients	Nil
Waiver of Premium (due to financial hardship)	Nil

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

Regular Premium Rates	
Single	$3.15
Family	6.30
Registrant or Spouse aged 65 and older	
Single or Family	Nil
Reduced Premium Rates	
Single, Taxable income not more than $4000	2.25
Family, Taxable income not more than $5000*	4.50

*For family registration, taxable incomes of husband and wife are combined.

Note: The above premium rates became effective July 1, 1981.

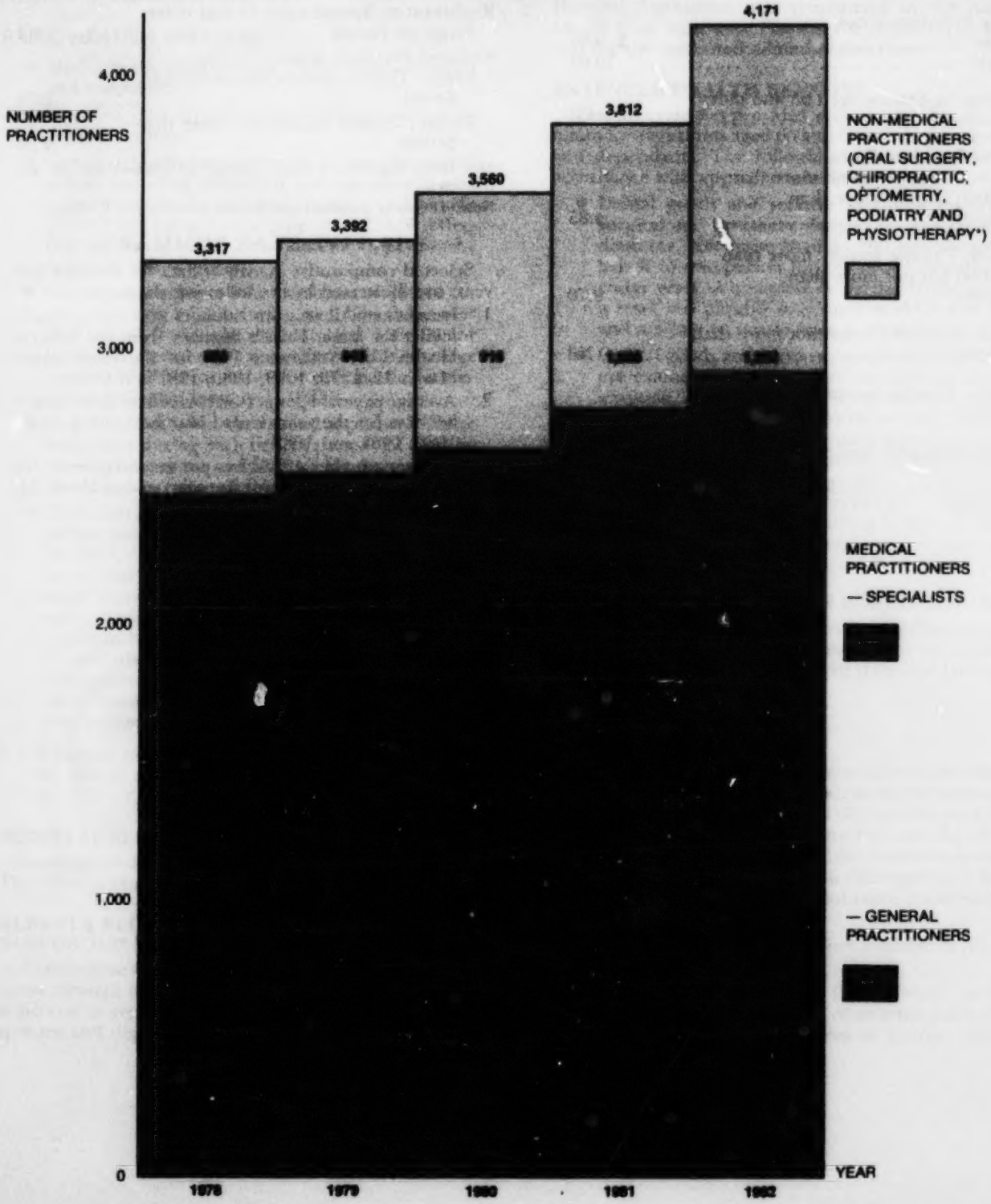
10. FIVE YEAR SUMMARY

Selected comparative statistical data for the past five years are illustrated by the following charts:

1. Number of Alberta practitioners who received payments for Basic Health Services from the Alberta Health Care Insurance Plan for the years ended March 31, 1978, 1979, 1980, 1981 and 1982.
2. Average payment per person covered for Basic Health Services for the years ended March 31, 1978, 1979, 1980, 1981 and 1982.
3. Average number of services per person covered for Basic Health Services for the years ended March 31, 1978, 1979, 1980, 1981 and 1982.

CHART 1

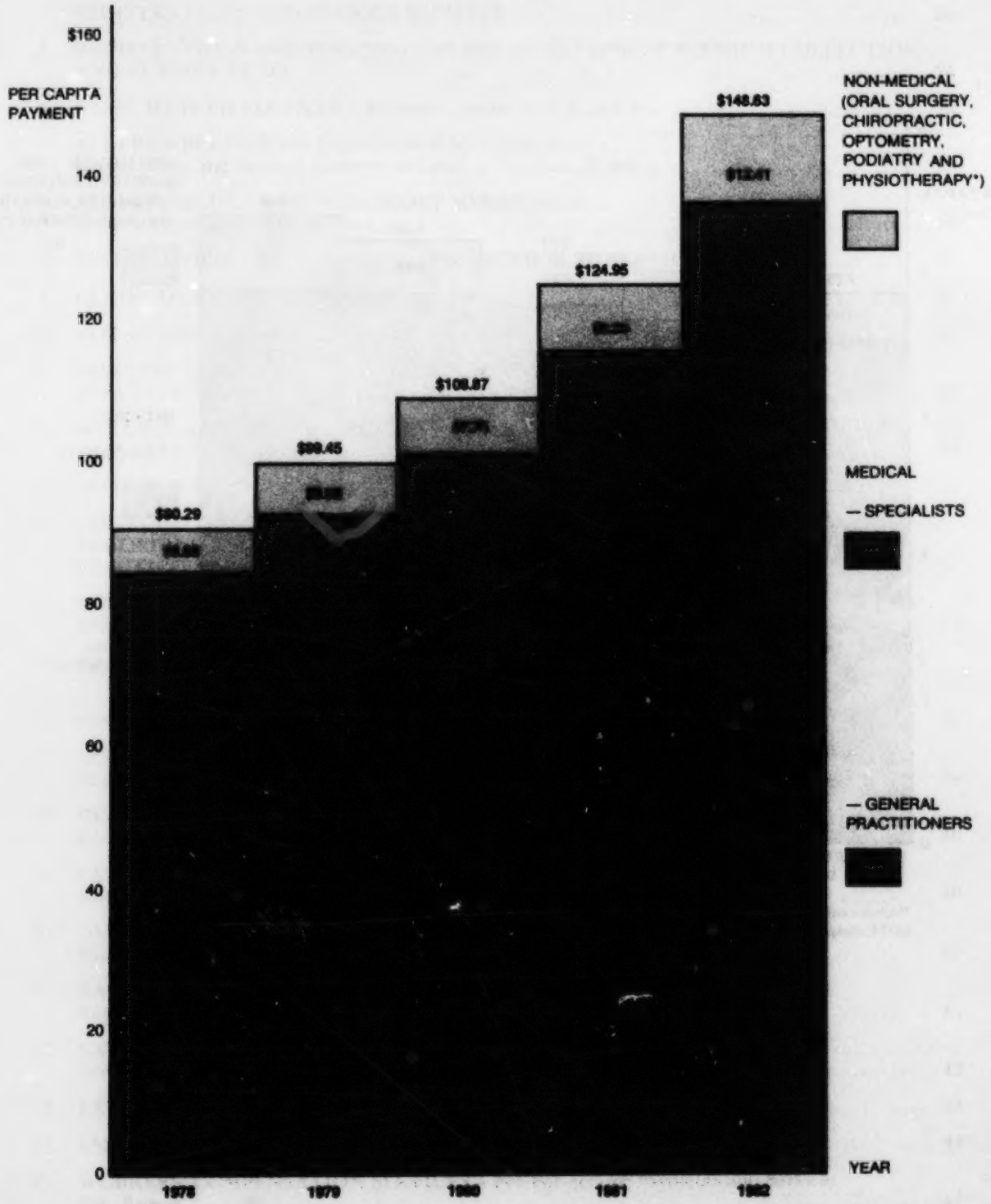
NUMBER OF ALBERTA PRACTITIONERS WHO RECEIVED PAYMENT FOR BASIC HEALTH SERVICES FROM THE ALBERTA HEALTH CARE INSURANCE PLAN FOR THE YEARS ENDED MARCH 31



*Includes Physiotherapists who received fee-for-service payments during the nine-month period from July 1, 1981 to March 31, 1982.

CHART 2

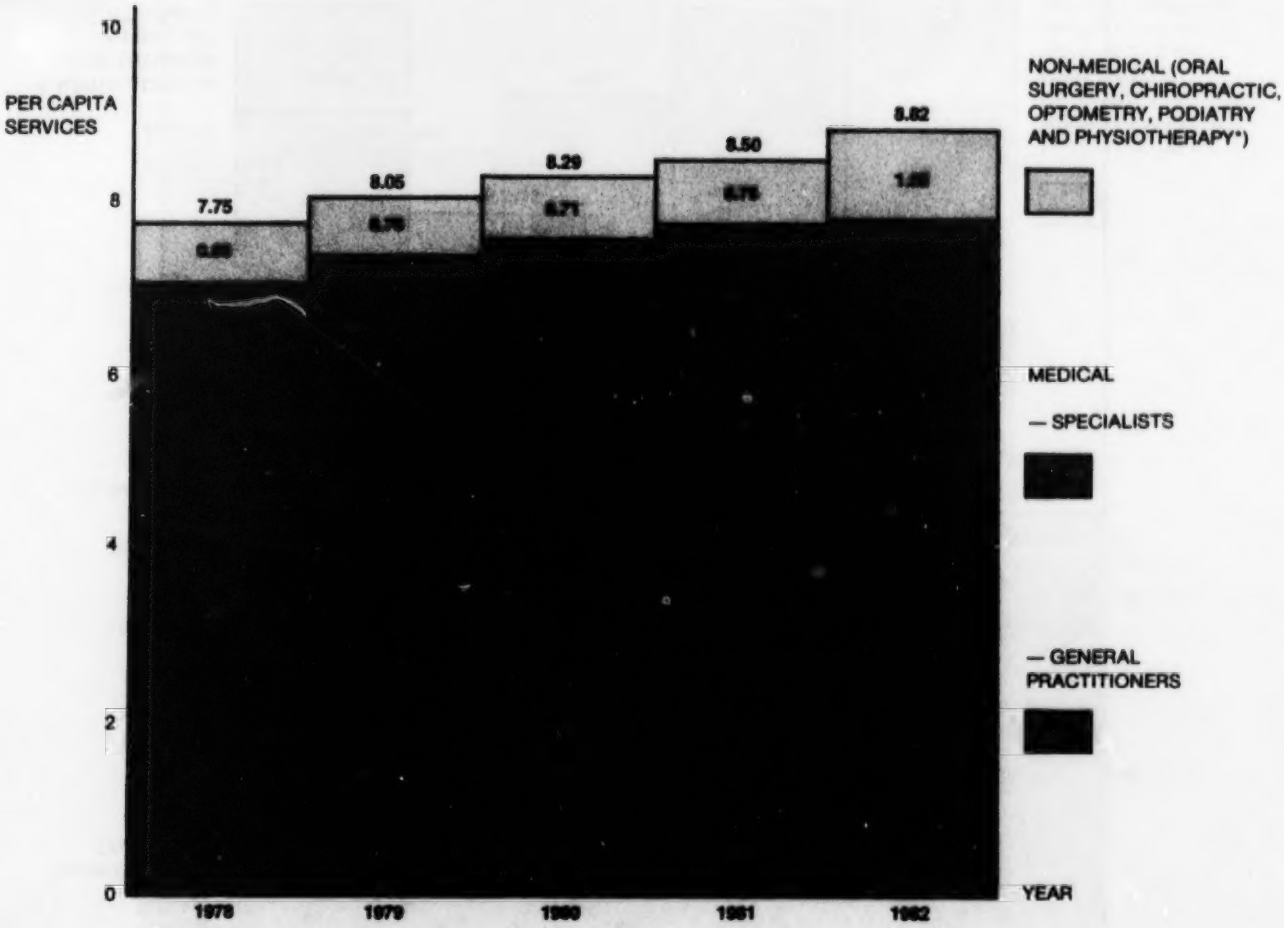
AVERAGE PAYMENT PER PERSON COVERED FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31



*Includes only fee-for-service Physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.
NOTE: Only fee-for-service payments to Alberta practitioners are included.

CHART 3

AVERAGE NUMBER OF SERVICES PER PERSON COVERED FOR BASIC HEALTH SERVICES FOR THE YEARS ENDED MARCH 31



*Includes only fee-for-service Physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.
NOTE: Only services provided by Alberta practitioners on a fee-for-service basis are included.

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EXPLANATORY COMMENTS

The following are explanatory remarks relating to statistical tables tabulated from the registration and claims-payment files of the Alberta Health Care Insurance Plan.

(A) Registration

1. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily absent from the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.
2. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.
3. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.
4. The premium payment levels indicated are those charged to registrants by the Alberta Health Care Insurance Plan.

(B) Claims-Payment

1. Under the Extended Health Benefits Program, the Alberta Health Care Insurance Plan paid a major portion of the cost of eyeglasses, dentures and dental care for registrants 65 years of age and older, their spouses and their dependants.
2. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.
3. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.
4. Average payment is the arithmetic mean payment. Median payment is the middle payment when all payments are arranged according to size.
5. To make statistical data more manageable, a grouping of medical practitioners is necessary for certain cross-tabulations. The grouping consists of (i) General Practitioners, (ii) Medical Specialists, (iii) Surgical Specialists and (iv) Laboratory Specialists. The Medical Specialists group is composed of anaesthetists, dermatologists, internists, neurologists, paediatricians, psychiatrists and physiatrists. The Surgical Specialists group is made up of general surgeons, urologists, neurological surgeons, obstetricians-gynaecologists, ophthalmologists, rhino-otolaryngologists, orthopaedic surgeons, plastic surgeons and thoracic surgeons. The Laboratory Specialists group consists of pathologists and pathology laboratories, radiologists and radiology laboratories and other laboratories such as E.E.G. (electroencephalogram) laboratories.
6. Osteopathic services are included in medical services.
7. The number of discrete patients is defined as the number of different registered persons receiving at least one service during the period reported.
8. A new policy initiative was implemented on July 1, 1981, to make Physiotherapy services available on a fee-for-service basis. The data relating to payments for Physiotherapy services cover only the nine-month period from July 1, 1981 to March 31, 1982.
9. Effective January 1, 1982, the responsibility for paying benefits for Basic Health Services provided to injured workers coming under the Workers' Compensation Act was transferred from the Workers' Compensation Board to the Health Care Insurance Plan. The payment data for Workers' Compensation Services cover the three-month period from January 1 to March 31, 1982.

NOTE

The statistics in the following tables cannot be used as an accurate measure of a full-time practitioner's income as:

(1) practitioners receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by the Plan);

(2) both full-time and part-time practitioners are included in the statistics;

(3) the figures quoted are gross payments from which practitioners pay their office expenses.

MEDICAL BENEFITS **TABLE 1**

SELECTED INDICATORS

For the years ended March 31

	1980	1981	1982	Percentage Change 1981/1980	Percentage Change 1982/1981
Number of Registered Persons	2,186,456	2,306,428	2,423,043	5.49%	5.06%
Number of Medical Practitioners					
All Practitioners	2,644	2,776	2,909	4.99%	4.79%
General Practitioners	1,484	1,558	1,656	4.99%	6.29%
Medical Specialists	547	586	615	7.13%	4.95%
Surgical Specialists	482	496	500	2.90%	0.81%
Laboratory Specialists	131	136	138	3.82%	1.47%
Total Medical Payments*	$221,121,323	$266,764,212	$330,073,803	20.64%	23.73%
Total Number of Medical Services*	16,573,282	17,861,365	18,823,111	7.77%	5.38%
Number of Medical Services Per Practitioner	6,268	6,434	6,471	2.65%	0.58%
Total Medical Payment Per 1,000 Persons	$ 101,132	$ 115,661	$ 136,223	14.37%	17.78%
Total Number of Services Per 1,000 Persons	7,580	7,744	7,768	2.16%	0.31%
Average Payments					
All Practitioners	$ 83,631	$ 96,097	$ 113,466	14.91%	18.07%
General Practitioners	68,326	79,288	92,475	16.04%	16.63%
Medical Specialists	66,210	75,402	88,400	13.88%	17.24%
Surgical Specialists	94,425	106,837	126,670	13.14%	18.56%
Laboratory Specialists	290,046	338,649	429,228	16.76%	26.75%
Median Payments					
All Practitioners	$ 73,756	$ 84,135	$ 96,661	14.07%	14.89%
General Practitioners	70,142	82,238	93,348	17.25%	13.51%
Medical Specialists	65,939	75,891	85,080	15.09%	12.11%
Surgical Specialists	95,489	108,683	129,136	13.82%	18.82%
Laboratory Specialists	53,978	49,872	67,449	-7.61%	35.24%
Discrete Patients (Medical)**	1,784,045	1,879,463	1,943,145	5.35%	3.39%
Discrete Patients per Practitioner	675	677	668	0.30%	-1.33%

* Only fee-for-service items paid to practitioners in Alberta are included.

** Discrete Patients means the number of persons who have received at least one service during the period.

REGISTRATIONS AND PERSONS COVERED

TABLE 2

at March 31

	Registrations			Percentage Change		Persons			Percentage Change	
	1980	1981	1982	1981/1980	1982/1981	1980	1981	1982	1981/1980	1982/1981
Individual	349,488	379,694	399,912	8.64%	5.32%	767,502	808,442	830,249	5.33%	2.70%
Group	462,053	499,518	535,465	8.11%	7.20%	1,155,779	1,222,569	1,293,432	5.78%	5.80%
Registrant or Spouse Age 65 or Older	127,701	132,135	137,656	3.47%	4.18%	188,782	194,975	203,059	3.28%	4.15%
Social Allowance Recipients	34,848	37,672	43,982	8.10%	16.75%	74,393	80,442	96,303	8.13%	19.72%
TOTAL	974,090	1,049,019	1,117,015	7.69%	6.48%	2,186,456	2,306,428	2,423,043	5.49%	5.06%

NOTES: A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.

C. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.

REGISTRATIONS AND PERSONS COVERED BY METHOD OF PREMIUM COLLECTION AND SUBSIDY LEVEL

TABLE 3

at March 31, 1982

	One Person		Two Persons		Three or More Persons		Total	
	Registrations	Persons	Registrations	Persons	Registrations	Persons	Registrations	Persons
Non Subsidized								
Individual	200,622	200,622	50,245	100,490	111,328	449,992	362,195	751,104
Group	203,802	203,802	108,329	216,658	214,082	855,856	526,213	1,276,316
TOTAL	404,424	404,424	158,574	317,148	325,410	1,305,848	888,408	2,027,420
Subsidized								
Reduced Premium Rates								
Individual	1,544	1,544	402	804	787	3,267	2,733	5,615
Group	578	578	134	268	257	1,260	969	2,106
Premium Exempt								
Individual	19,237	19,237	5,747	11,494	10,000	42,799	34,984	73,530
Group	5,388	5,388	1,319	2,638	1,576	6,984	8,283	15,010
TOTAL	26,747	26,747	7,602	15,204	12,620	54,310	46,969	96,261
Registrant or Spouse Age 65 or Older	77,441	77,441	56,480	112,960	3,735	12,658	137,656	203,059
Social Allowance Recipients	21,223	21,223	7,988	15,976	14,771	59,104	43,982	96,303
TOTALS:								
Individual	221,403	221,403	56,394	112,788	122,115	496,058	399,912	830,249
Group	209,768	209,768	109,782	219,564	215,915	864,100	535,465	1,293,432
Registrant or Spouse Age 65 or Older	77,441	77,441	56,480	112,960	3,735	12,658	137,656	203,059
Social Allowance Recipients	21,223	21,223	7,988	15,976	14,771	59,104	43,982	96,303
TOTAL	529,835	529,835	230,644	461,288	356,536	1,431,920	1,117,015	2,423,043

NOTES: A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.

C. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.

BASIC HEALTH SERVICES

TABLE 4

Persons Covered by Age and Sex
at March 31

Age	Male 1980	Male 1981	Male 1982	Percentage Change 1981/1980	Percentage Change 1982/1981	Female 1980	Female 1981	Female 1982	Percentage Change 1981/1980	Percentage Change 1982/1981	Total 1980	Total 1981	Total 1982	Percentage Change 1981/1980	Percentage Change 1982/1981
Under 1	19,592	20,895	22,497	6.65%	7.67%	18,553	19,589	21,346	5.58%	8.97%	38,145	40,484	43,843	6.13%	8.30%
1 - 4	75,860	80,101	84,819	5.59%	5.89%	71,778	75,712	79,802	5.48%	5.40%	147,638	155,813	164,621	5.54%	5.65%
5 - 14	183,588	188,181	193,711	2.50%	2.94%	174,392	179,059	184,126	2.68%	2.83%	357,980	367,240	377,837	2.59%	2.89%
15 - 24	242,735	258,553	266,831	6.52%	3.20%	232,385	243,887	251,833	4.95%	3.26%	475,120	502,440	518,664	5.75%	3.23%
25 - 44	340,316	372,016	403,988	9.31%	8.59%	316,170	341,095	367,934	7.88%	7.87%	656,486	713,111	771,922	8.63%	8.25%
45 - 64	178,402	183,727	189,451	2.98%	3.12%	172,794	177,472	182,700	2.71%	2.95%	351,196	361,199	372,151	2.85%	3.03%
65 & Older	73,614	75,911	78,977	3.12%	4.04%	86,277	90,230	95,028	4.58%	5.32%	159,891	166,141	174,005	3.91%	4.73%
TOTAL	1,114,107	1,179,384	1,240,274	5.86%	5.16%	1,072,349	1,127,044	1,182,769	5.10%	4.94%	2,186,456	2,306,428	2,423,043	5.49%	5.06%

NOTES: A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

TABLE 5

Registrations and Persons Covered by Level of Premium Payment
at March 31

		Regular Premium Rates 1980	Regular Premium Rates 1981	Regular Premium Rates 1982	Reduced Premium Rates 1980	Reduced Premium Rates 1981	Reduced Premium Rates 1982	Registrant or Spouse Age 65 or Older 1980	Registrant or Spouse Age 65 or Older 1981	Registrant or Spouse Age 65 or Older 1982	Total 1980	Total 1981	Total 1982
One Person	Registrations	24,427	25,496	26,969	8,542	8,702	7,304	71,978	74,515	77,441	104,947	108,713	111,714
	Persons	24,427	25,496	26,969	8,542	8,702	7,304	71,978	74,515	77,441	104,947	108,713	111,714
Two Persons	Registrations	13,851	14,521	15,484	3,411	3,479	2,874	51,867	53,821	56,480	69,129	71,821	74,838
	Persons	27,702	29,042	30,968	6,822	6,958	5,748	103,734	107,642	112,960	138,258	143,642	149,676
Three or More Persons	Registrations	32,047	33,009	33,643	5,948	5,786	4,581	3,856	3,799	3,735	41,851	42,594	41,959
	Persons	131,296	134,509	136,402	25,140	24,338	19,529	13,070	12,818	12,658	169,506	171,665	168,589
Total	Registrations	70,325	73,026	76,096	17,901	17,967	14,759	127,701	132,135	137,656	215,927	223,128	228,511
	Persons	183,425	189,047	194,339	40,504	39,998	32,581	188,782	194,975	203,059	412,711	424,020	429,979

NOTES: A. Where either the registrant or registrant's spouse was age 65 years or older, exemption from payment of premium for Basic Health Services and Alberta Blue Cross was granted.

B. The premium payment levels indicated are those charged to registrants by the Alberta Health Care Insurance Plan.

C. Those who were eligible for the Basic Health Services at the 100 percent subsidy level were also eligible for Alberta Blue Cross Non-Group coverage at reduced premium rates, but were not exempted from payment of the premium.

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

TABLE 6

Persons Covered by Age and Sex
at March 31

Age	Male			Female			Total		
	1980	1981	1982	1980	1981	1982	1980	1981	1982
Under 1	2,339	2,353	2,336	2,166	2,207	2,162	4,505	4,560	4,498
1 - 4	8,370	8,657	8,518	8,069	8,090	8,026	16,439	16,747	16,544
5 - 14	20,749	20,734	20,270	19,650	19,815	19,125	40,399	40,549	39,395
15 - 24	23,532	23,684	22,858	23,590	23,595	22,546	47,122	47,279	45,404
25 - 44	31,954	33,028	32,891	33,103	34,297	34,521	65,057	67,325	67,412
45 - 64	30,302	31,407	31,986	49,575	50,731	51,567	79,877	82,138	83,553
65 & Older*	73,192	75,387	78,415	86,120	90,035	94,758	159,312	165,422	173,173
TOTAL	190,438	195,250	197,274	222,273	228,770	232,705	412,711	424,020	429,979

* The number of persons in this age group differs from the number of persons shown in Table 4 as only those registrations where the age of the person over 65 years has been verified are provided with premium exempt Alberta Blue Cross coverage.

DISTRIBUTION OF PAYMENTS FOR BASIC HEALTH SERVICES

TABLE 7

For the years ended March 31

	Total			Practitioners			Registrants		
	1980	1981	1982	1980	1981	1982	1980	1981	1982
Medical*	$226,448,679	$272,458,692	$336,410,474	$225,597,361	$271,304,314	$334,962,801	$ 851,318	$1,154,378	$1,447,673
Oral Surgery	1,448,578	2,481,431	4,208,521	1,339,881	2,348,479	4,062,279	108,697	132,952	146,242
Chiropractic	9,809,494	12,293,290	15,540,895	9,691,214	12,176,013	15,438,090	118,280	117,277	102,805
Optometry+	4,499,622	5,217,724	6,281,195	4,352,470	5,042,153	6,062,475	147,152	175,571	218,720
Podiatry	1,244,114	1,525,976	1,795,654	1,239,883	1,522,270	1,790,732	4,231	3,706	4,922
Physiotherapy**			2,355,147			2,352,468			2,679
TOTAL	$243,450,487	$293,977,113	$366,591,886	$242,220,809	$292,393,229	$364,668,848	$1,229,678	$1,583,884	$1,923,041

* The amount paid to medical practitioners includes payments, as indicated for each year ended March 31, for medical services to Provincial and Federal Departments and Agencies in respect of doctors on salary, sessional and contract arrangements. The amount paid also includes sessional payments to groups of medical practitioners on a contract basis:

1980 $1,838,647
1981 $1,427,995
1982 $1,650,389

\+ The amount paid to optometrists includes payments for eye refraction tests to a Federal Department in respect of optometrists on contract arrangements. For the fiscal years 1980 and 1981, total payments are shown below:

1980 $14,891
1981 $ 764

** Includes only fee-for-service physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.

NOTE: The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

CLAIM RECORDS RECEIVED
For the years ended March 31

TABLE 8

Claim Records Received From:	Claim Records Received					
	1980		1981		1982	
	Number	%	Number	%	Number	%
Registrants	71,000	0.40	77,000	0.40	95,000	0.44
Practitioners	17,515,000	99.60	19,094,000	99.60	21,224,000	99.56
TOTAL CLAIM RECORDS	17,586,000	100.00	19,171,000	100.00	21,317,000	100.00

Average Claim records received per working day: 1980 70,000
1981 77,000
1982 86,000

NOTES: A. Claim records received cover services provided under Basic Health Services, Extended Health Benefits and Out-Of-Province Hospital Benefits.

B. Claim records are counted in terms of line items.

TOTAL AND AVERAGE GROSS PAYMENTS TO PRACTITIONERS
For the years ended March 31

TABLE 9

	Number of Practitioners			Percentage Change		Total Paid			Percentage Change		Average Payments			Percentage Change	
	1980	1981	1982	1981/1980	1982/1981	1980	1981	1982	1981/1980	1982/1981	1980	1981	1982	1981/1980	1982/1981
Medical	2,644	2,776	2,909	4.99%	4.79%	$221,121,323	$266,764,212	$330,075,805	20.64%	23.75%	$83,631	$ 96,097	$115,466	14.91%	16.07%
Oral Surgery	463	573	656	23.76%	14.49%	1,446,558	2,475,150	4,202,889	71.11%	69.80%	3,124	4,320	6,407	38.28%	48.31%
Chiropractic	266	267	285	0.38%	6.74%	9,753,258	12,227,291	15,455,372	25.37%	26.46%	36,666	45,795	54,264	24.90%	18.49%
Optometry	174	182	188	4.60%	3.30%	4,468,399	5,195,294	6,258,401	16.27%	20.46%	25,680	28,546	33,289	11.16%	16.65%
Podiatry	13	14	15	7.69%	7.14%	1,239,217	1,520,796	1,789,104	22.72%	17.64%	95,324	108,628	119,274	13.96%	9.80%
Physiotherapy			118					2,350,080					19,916		
TOTAL	3,560	3,812	4,171	7.08%	9.42%	$238,028,755	$288,182,743	$360,139,649	21.07%	24.97%					

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

C. Payments include only fee-for-service payments to practitioners in Alberta for Basic Health Services.

D. Includes only fee-for-service Physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.

DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE TO ALL PRACTITIONERS TABLE 10

For the years ended March 31

$ Range	Total			Medical			Oral Surgery			Chiropractic			Optometry			Podiatry			Physiotherapy		
	1980	1981	1982	1980	1981	1982	1980	1981	1982	1980	1981	1982	1980	1981	1982	1980	1981	1982	1980	1981	1982
Less than 10,000	810	878	942	324	329	308	431	508	564	31	18	24	24	23	18						20
10,000 – 19,999	256	253	288	154	150	154	15	34	42	45	30	23	41	39	28	1					41
20,000 – 39,999	438	414	420	254	227	204	11	19	28	83	84	59	90	84	85			3			41
40,000 – 59,999	415	357	361	332	260	242	3	4	8	69	66	64	11	26	41		1	1			5
60,000 – 79,999	455	398	342	415	338	258		5	8	29	44	61	6	7	11	5	4	1			3
80,000 – 99,999	472	465	389	461	444	351	2	1	1	6	15	32	1	2	4	2	3	1			
100,000 – 119,999	311	383	377	307	375	366		1		1	6	9	1		1	2	1	1			
120,000 – 139,999	168	249	334	166	244	325			1	1	2	6		1		1	2	2			
140,000 – 159,999	88	149	239	87	148	230	1		2			4					1	3			
160,000 – 179,999	59	105	156	57	102	153		1	1		1	2				2	1				
180,000 – 199,999	31	58	112	31	57	111											1	1			
200,000 – 299,999	34	71	165	34	71	162			1									2			
300,000 – 399,999	7	15	21	6	14	21				1	1										
400,000 – 499,999	3	3	6	3	3	5						1									
500,000 and Over	13	14	19	13	14	19															
TOTAL	3,560	3,812	4,171	2,644	2,776	2,908	463	573	656	266	267	285	174	182	188	13	14	15			118

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

C. Includes only fee-for-service physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.

AVERAGE AND MEDIAN GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS

TABLE 11

For the years ended March 31

	Number of Practitioners			Average Payments			Percentage Change		Median Payments			Percentage Change	
	1980	1981	1982	1980	1981	1982	1981/1980	1982/1981	1980	1981	1982	1981/1980	1982/1981
TOTAL	2,644	2,776	2,909	$ 83,631	$ 96,097	$ 113,466	14.91%	18.07%	$ 73,756	$ 84,135	$ 96,861	14.07%	14.09%
General Practitioners	1,484	1,558	1,636	68,326	79,288	92,475	16.04%	16.63%	70,142	82,238	93,348	17.25%	13.51%
Total Specialists	1,160	1,218	1,253	103,212	117,597	141,209	13.94%	20.08%	77,482	87,105	100,586	12.42%	15.49%
Laboratory Specialists	131	136	138	290,046	338,649	429,228	16.76%	26.75%	53,978	49,872	47,449	-7.61%	[illegible]
Other Specialists	1,029	1,082	1,115	79,426	89,812	105,568	13.08%	17.54%	79,266	87,975	100,586	10.99%	14.39%
SPECIALISTS BY SPECIALTY													
Anaesthetists	115	122	127	$ 65,548	$ 75,208	$ 85,836	14.74%	14.13%	$ 72,453	$ 83,347	$ 96,561	15.04%	12.64%
Dermatologists	14	16	18	157,275	177,405	207,768	12.80%	17.11%	158,925	189,002	214,836	18.93%	13.67%
General Surgeons	154	154	151	80,040	94,797	114,062	18.44%	20.32%	82,673	96,721	122,140	16.99%	[illegible]
Urologists	34	34	33	88,310	99,394	130,624	12.55%	31.42%	87,710	111,570	136,798	27.20%	[illegible]
Internists	202	218	235	71,118	79,308	91,819	11.52%	15.78%	68,965	77,039	85,068	11.71%	10.41%
Neurologists	19	19	19	61,641	75,953	91,138	23.22%	19.99%	50,878	66,322	75,684	30.35%	14.12%
Neurological Surgeons	12	12	12	83,482	95,803	108,000	14.76%	12.73%	87,342	101,049	128,830	15.69%	27.50%
Obstetricians-Gynaecologists	106	109	114	96,813	110,869	126,408	14.52%	14.02%	96,818	114,238	128,516	17.99%	12.50%
Ophthalmologists	59	60	63	108,230	124,901	142,412	15.40%	14.02%	104,873	114,108	123,595	8.81%	8.31%
Rhino-Otolaryngologists	27	30	29	118,269	115,063	155,577	-2.71%	35.21%	116,786	124,504	154,000	6.61%	24.20%
Orthopaedic Surgeons	60	63	62	94,679	106,330	124,625	12.31%	17.20%	97,089	110,271	132,307	13.58%	19.98%
Paediatricians	98	101	105	61,262	69,429	78,125	13.33%	12.52%	58,956	68,292	68,450	15.84%	0.23%
Psychiatrists	93	102	103	51,068	60,561	76,247	18.59%	25.90%	55,366	60,909	76,218	10.01%	25.13%
Plastic Surgeons	18	21	24	111,696	108,065	121,597	-3.25%	12.52%	118,575	110,508	155,971	-6.80%	23.04%
Physical Medicine & Rehabilitation	6	8	8	31,198	31,221	44,955	0.07%	43.98%	29,968	33,776	50,890	12.71%	50.68%
Thoracic Surgeons	12	13	12	137,505	143,433	163,836	4.31%	14.22%	154,572	169,009	184,210	9.34%	8.99%
Laboratory/Pathologists	30	34	32	883,541	958,056	1,314,485	8.43%	37.20%	134,130	98,850	93,362	-26.30%	-5.56%
Laboratory/Radiologists	94	94	99	119,741	140,334	169,819	17.20%	21.01%	48,577	54,454	72,888	12.10%	33.49%
Laboratory/Others	7	8	7	33,447	36,370	51,117	8.74%	40.55%	33,083	33,688	41,507	1.83%	23.21%

NOTES:

A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Average payment is the arithmetic mean payment. Median payment is the middle payment when all payments are arranged according to size.

D. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

DISTRIBUTION OF GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS

For the year ended March 31, 1982

TABLE 12

$ Range	All Practitioners		General Practitioners		All Specialists		Anaesthetists		Dermatologists		General Surgeons	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 930,443	308	$ 535,034	185	$ 395,409	123	$ 14,279	5	$		$ 40,775	12
10,000 – 19,999	2,295,948	154	1,430,107	94	865,841	60	36,206	2	10,552	1	88,730	6
20,000 – 39,999	6,141,235	204	3,357,541	112	2,783,694	92	211,114	7			209,717	7
40,000 – 59,999	12,143,132	242	7,072,322	140	5,070,810	102	841,781	16			328,597	7
60,000 – 79,999	18,117,113	258	11,328,547	160	6,788,566	98	655,011	9	65,442	1	724,944	11
80,000 – 99,999	31,623,828	351	18,321,533	204	13,302,295	147	4,111,087	45			1,103,817	12
100,000 – 119,999	40,181,130	366	25,687,675	234	14,493,455	132	3,427,580	31			2,195,568	20
120,000 – 139,999	42,238,426	325	24,730,567	191	17,507,859	134	1,167,207	9			3,106,803	24
140,000 – 159,999	34,367,422	230	19,134,818	128	15,232,604	102	437,129	3	146,996	1	1,925,992	13
160,000 – 179,999	25,868,989	153	14,035,958	83	11,833,031	70			526,483	3	2,694,985	16
180,000 – 199,999	20,840,947	111	10,919,757	58	9,921,190	53					2,060,090	11
200,000 – 299,999	37,811,726	162	13,872,185	60	23,939,541	102			2,562,308	11	2,743,326	12
300,000 – 399,999	7,221,323	21	1,721,784	5	5,499,539	16						
400,000 – 499,999	2,314,504	5	486,319	1	1,828,185	4			427,932	1		
500,000 and Over	47,977,637	19	504,980	1	47,472,657	18						
TOTAL	$330,073,803	2,909	$153,139,127	1,656	$176,934,676	1,253	$10,901,394	127	$3,739,713	18	$17,223,344	151

TABLE 12 Continued

$ Range	Urologists		Internists		Neurologists		Neurological Surgeons		Obstetricians-Gynaecologists		Ophthalmologists	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 5,309	2	$ 71,700	27	$		$ 5,260	1	$ 517	2	$ 1,810	1
10,000 – 19,999			231,760	16			15,237	1	57,409	4	26,578	2
20,000 – 39,999			869,199	28	62,136	2			296,563	10	85,298	3
40,000 – 59,999	95,885	2	883,567	18	158,030	3			496,883	10	297,489	6
60,000 – 79,999	130,102	2	1,432,554	21	350,307	5	66,716	1	435,292	6	457,553	7
80,000 – 99,999	286,475	3	2,055,402	23	95,955	1	98,112	1	906,513	10	645,737	7
100,000 – 119,999	427,586	4	2,620,129	24	223,488	2	119,117	1	1,064,396	10	426,485	4
120,000 – 139,999	672,742	5	2,457,114	19	387,099	3	257,279	2	1,836,769	14	906,269	7
140,000 – 159,999	758,033	5	2,538,712	17	454,606	3	734,281	5	2,239,864	15	751,427	5
160,000 – 179,999	497,909	3	2,396,518	14					1,694,014	10		
180,000 – 199,999	545,409	3	1,698,730	9					1,867,760	10	569,048	3
200,000 – 299,999	891,140	4	4,322,028	19					2,842,354	11	3,231,904	14
300,000 – 399,999									672,160	2	993,157	3
400,000 – 499,999												
500,000 and Over											579,202	1
TOTAL	$4,310,590	33	$21,577,413	235	$1,731,621	19	$1,296,002	12	$14,410,494	114	$8,971,957	63

TABLE 12 Continued

$ Range	Rhino-Otolaryngologists		Orthopaedic Surgeons		Paediatricians		Psychiatrists		Plastic Surgeons		Physical Medicine and Rehabilitation	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$ 170	2	$ 9,885	2	$ 65,370	17	$ 87,247	15	$ 19,073	3	$ 292	1
10,000 – 19,999			29,912	2	164,281	11	70,934	5	14,509	1		
20,000 – 39,999			28,895	1	355,722	13	238,764	8			39,354	1
40,000 – 59,999			113,377	2	486,586	10	420,902	9	56,229	1	256,924	5
60,000 – 79,999			77,902	1	357,731	5	1,341,857	19	74,153	1	63,057	1
80,000 – 99,999	426,619	5	626,194	7	1,057,751	12	1,158,404	13				
100,000 – 119,999	116,193	1	887,946	8	768,283	7	1,555,413	14	213,613	2		
120,000 – 139,999	522,192	4	2,251,285	17	1,185,675	9	1,574,086	12	782,816	6		
140,000 – 159,999	440,409	3	1,771,499	12	1,062,004	7	447,523	3	629,765	4		
160,000 – 179,999	491,209	3	997,551	6	1,015,221	6	161,016	1	331,383	2		
180,000 – 199,999	558,971	3	192,008	1	939,068	5	562,926	3	361,331	2		
200,000 – 299,999	1,636,315	7	740,174	3	745,196	3	234,417	1	435,457	2		
300,000 – 399,999	319,659	1										
400,000 – 499,999												
500,000 and Over												
TOTAL	$4,511,737	29	$7,726,628	62	$8,202,888	105	$7,853,489	103	$2,918,329	24	$359,627	8

TABLE 12 Continued

$ Range	Thoracic Surgeons		Laboratory/Pathologists		Laboratory/Radiologists		Laboratory/Others	
	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners	Payments	Number of Practitioners
Less than 10,000	$		$ 25,869	9	$ 47,853	24	$	
10,000 – 19,999	12,723	1	20,555	2	71,036	5	15,419	1
20,000 – 39,999			66,431	2	258,945	8	61,556	2
40,000 – 59,999			56,538	1	483,234	10	94,788	2
60,000 – 79,999	73,208	1	67,885	1	347,839	5	67,013	1
80,000 – 99,999	169,470	2	186,724	2	374,035	4		
100,000 – 119,999					328,613	3	119,045	1
120,000 – 139,999	139,446	1			261,077	2		
140,000 – 159,999			292,573	2	601,791	4		
160,000 – 179,999	168,173	1	163,997	1	694,572	4		
180,000 – 199,999					565,849	3		
200,000 – 299,999	1,102,814	5	201,037	1	2,251,071	9		
300,000 – 399,999	300,193	1			3,214,370	9		
400,000 – 499,999					1,400,253	3		
500,000 and Over			40,981,923	11	5,911,532	6		
TOTAL	$1,966,027	12	$42,063,532	32	$16,812,070	99	$357,821	7

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner

TABLE 13

DISTRIBUTION OF GROSS AVERAGE PAYMENTS TO MEDICAL PRACTITIONERS ACCORDING TO GROUP OF SPECIALTIES BY DOLLAR RANGE AND ALBERTA PRACTICE YEAR

For the year ended March 31, 1982

GENERAL PRACTITIONERS

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	44	$ 3,776	73	$ 2,720	21	$ 3,504	13	$ 1,249	34	$ 2,369	185	$ 2,892
10,000 – 19,999	18	15,730	34	14,804	8	16,204	13	15,235	21	15,045	94	15,214
20,000 – 39,999	30	30,473	42	28,898	15	29,910	13	29,246	12	33,399	112	29,978
40,000 – 59,999	19	52,099	35	50,957	21	51,940	29	50,396	36	48,520	140	50,517
60,000 – 79,999	14	67,633	46	70,334	32	71,354	34	71,049	34	71,980	160	70,803
80,000 – 99,999	8	90,665	61	90,359	54	90,172	38	88,670	43	89,432	204	89,811
100,000 – 119,999	1	106,880	72	110,505	71	109,978	56	109,523	34	108,317	234	109,776
120,000 – 139,999			51	130,571	65	129,067	51	128,460	24	130,443	191	129,479
140,000 – 159,999			30	149,051	40	150,617	39	149,227	19	148,356	128	149,491
160,000 – 179,999			23	168,039	26	170,849	25	168,791	9	167,692	83	169,108
180,000 – 199,999			8	186,535	18	187,289	18	188,442	14	190,309	58	188,272
200,000 – 299,999			21	230,161	20	227,024	15	235,217	4	242,514	60	231,203
300,000 – 399,999					3	330,655	2	364,910			5	344,357
400,000 – 499,999							1	486,319			1	486,319
500,000 and Over									1	504,980	1	504,980
TOTAL	134	$ 30,839	496	$ 84,121	394	$112,851	347	$111,533	285	$ 84,623	1,656	$ 92,475

MEDICAL SPECIALISTS

TABLE 13 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	3	$ 5,924	31	$ 4,079	8	$ 4,221	6	$ 1,097	17	$ 3,196	65	$ 3,675
10,000 – 19,999	4	13,897	14	14,294	8	15,657	8	14,308	1	18,310	35	14,678
20,000 – 39,999	11	26,653	18	30,463	11	30,440	10	31,532	9	31,624	59	30,107
40,000 – 59,999	6	49,388	18	45,896	10	51,597	13	49,540	14	54,667	61	49,964
60,000 – 79,999	2	63,243	19	69,543	7	70,465	16	71,505	17	69,460	61	69,934
80,000 – 99,999			17	90,210	21	89,656	22	91,531	34	89,664	94	90,198
100,000 – 119,999			16	108,505	11	113,305	31	109,998	20	110,127	78	110,191
120,000 – 139,999			10	131,927	8	129,926	21	130,150	13	129,181	52	130,215
140,000 – 159,999			10	149,804	7	149,423	14	150,655	3	144,599	34	149,617
160,000 – 179,999			4	172,690	6	175,491	7	167,378	7	169,127	24	170,802
180,000 – 199,999			3	189,970	3	192,211	4	189,952	7	184,911	17	188,278
200,000 – 299,999			6	223,746	8	242,712	12	238,534	8	214,672	34	231,293
300,000 – 399,999												
400,000 – 499,999							1	427,932			1	427,932
500,000 and Over												
TOTAL	26	$30,360	166	$ 70,557	108	$ 95,267	165	$107,347	150	$ 92,422	615	$ 88,400

SURGICAL SPECIALISTS

TABLE 13 Continued

Years in Alberta / $ Range	Less Than 1		1 - 5		6 - 10		11 - 20		21 and Over		Total	
	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments	Number of Physicians	Average Payments
Less than 10,000	2	$ 4,415	7	$ 3,834	3	$ 1,804	2	$ 3,298	11	$ 3,193	25	$ 3,312
10,000 – 19,999	3	14,512	2	12,761	2	13,615	4	16,791	6	13,607	17	14,418
20,000 – 39,999	1	21,757	7	31,246	2	30,675	3	32,255	8	27,735	21	29,546
40,000 – 59,999	4	51,651	2	48,749	2	48,981	9	48,244	11	50,200	28	49,588
60,000 – 79,999			4	69,577	5	66,159	8	67,269	13	68,663	30	67,996
80,000 – 99,999	1	83,507	4	87,926	8	89,438	14	92,339	20	90,974	47	90,701
100,000 – 119,999			4	105,826	9	111,824	11	109,766	26	108,221	50	109,018
120,000 – 139,999			10	132,181	14	127,044	32	131,210	24	132,352	80	130,945
140,000 – 159,999			9	151,684	9	149,488	30	148,246	14	149,523	62	149,214
160,000 – 179,999			6	162,098	7	169,493	18	169,183	10	167,090	41	167,688
180,000 – 199,999			4	186,240	7	184,147	14	188,059	8	185,975	33	186,504
200,000 – 299,999			3	238,898	7	226,733	37	232,026	11	248,608	58	234,888
300,000 – 399,999					1	319,659	5	333,063	1	300,193	7	326,453
400,000 – 499,999												
500,000 and Over							1	579,202			1	579,202
TOTAL	11	$33,112	62	$105,534	76	$128,302	188	$153,174	163	$109,694	500	$126,670

NOTE: The number of years in Alberta is obtained from the "List of Members of the College of Physicians & Surgeons of Alberta". The date of registration with the College of Physicians and Surgeons is used as the beginning date of practice in Alberta.

PERCENTAGE DISTRIBUTION OF MEDICAL PAYMENTS BY TYPE OF SERVICE AND SPECIALTY

For the year ended March 31, 1982

TABLE 14

	Consul-tations	Visits			Major Surgery	Minor Surgery	Surgical Assists	Obstetrical Services	Anaes-thesia	Radiology Services	Pathology Services	Other Diagnostic and Therapeutic Services	Total
		Office	Hospital	House									
All Practitioners	7.39%	42.46%	5.64%	2.34%	8.66%	2.23%	0.57%	3.35%	4.33%	4.95%	13.37%	4.71%	100.00%
General Practitioners	0.23	32.75	3.80	2.12	0.86	1.57	0.48	1.78	1.04	0.55	0.39	0.92	46.49
Anaesthetists	0.01	0.01	0.01						3.24				3.27
Dermatologists	0.35	0.47				0.10			0.03		0.01	0.16	1.12
General Surgeons	0.53	1.17	0.22	0.09	2.56	0.25	0.05	0.02		0.04	0.01	0.30	5.24
Urologists	0.27	0.10	0.04		0.57	0.01	0.01				0.01	0.30	1.31
Internists	2.61	1.43	0.89	0.06	0.07	0.01			0.02	0.05	0.15	1.30	6.59
Neurologists	0.41	0.03	0.05								0.01	0.02	0.52
Neurological Surgeons	0.05	0.01	0.04		0.29	0.01							0.40
Obstetricians-Gynaecologists	0.43	1.07	0.05	0.02	0.77	0.05	0.01	1.55			0.07	0.34	4.36
Ophthalmologists	0.37	1.51	0.01		0.66	0.03						0.12	2.70
Rhino-Otolaryngologists	0.41	0.22	0.01		0.46	0.10				0.01		0.15	1.36
Orthopaedic Surgeons	0.52	0.32	0.05	0.01	1.30	0.03				0.04		0.07	2.34
Paediatricians	0.72	1.17	0.39	0.04		0.01				0.02	0.02	0.12	2.49
Psychiatrists	0.29	2.06	0.02									0.01	2.38
Plastic Surgeons	0.11	0.07	0.01		0.62	0.05						0.03	0.89
Physical Medicine & Rehabilitation	0.04	0.02	0.04										0.10
Thoracic Surgeons	0.04	0.01	0.01		0.50	0.01	0.02					0.02	0.61
Laboratory		0.04								4.24	12.70	0.85	17.83

NOTE: Only fee-for-service payments made to practitioners in Alberta are included.

MEDICAL SERVICES AND PAYMENTS FOR 1,000 INSURED PERSONS ACCORDING TO TYPE OF SERVICE BY AGE AND SEX

For the year ended March 31, 1982

TABLE 15

Type of Service	Age Group	Under 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 and Older		All Age Groups	
		Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid	Services	Amounts Paid
Consultations	M	562	$ 28,811	178	$ 7,970	124	$ 5,489	111	$ 4,687	149	$ 6,643	307	$ 14,766	521	$ 25,586	194	$ 8,982
	F	470	24,180	143	6,331	118	5,048	225	9,409	275	11,945	344	15,938	447	21,840	259	11,585
Office Visits	M	7,150	125,607	3,601	65,228	2,127	39,432	1,968	35,363	2,137	39,469	3,097	54,660	4,586	78,581	2,593	46,715
	F	6,564	115,673	3,331	60,405	2,201	40,235	4,195	75,813	4,118	76,234	4,382	79,185	4,845	83,175	3,926	71,197
Hospital Visits	M	3,652	50,452	512	6,583	173	2,251	162	2,035	227	2,721	936	10,301	4,157	43,645	645	7,394
	F	3,083	44,059	429	5,430	157	2,043	288	3,872	322	4,059	848	9,264	3,822	39,641	709	8,183
House Visits	M	300	8,283	188	5,195	107	2,868	94	2,534	74	2,012	99	2,429	546	9,750	130	3,146
	F	258	7,198	163	4,477	96	2,582	96	2,585	83	2,255	105	2,571	786	13,116	156	3,537
Major Surgery	M	44	11,293	37	5,716	38	5,289	47	7,483	50	8,012	78	19,444	141	40,692	57	11,202
	F	24	6,820	24	3,443	32	4,311	47	8,118	84	15,311	92	19,644	107	27,861	66	12,791
Minor Surgery	M	399	11,615	120	4,678	114	4,096	135	4,360	92	2,963	87	2,746	93	2,994	112	3,684
	F	16	740	75	2,804	78	2,566	101	2,745	97	2,722	95	2,568	82	2,417	91	2,624
Surgical Assists	M	7	311	5	203	6	228	13	410	14	415	49	1,160	85	2,006	22	583
	F	3	124	3	95	5	180	21	800	45	1,554	52	1,359	61	1,500	33	1,021
Obstetrical Services	M																
	F							100	19,909	77	16,855	3	50			45	9,490
Anaesthesia	M	138	5,166	100	4,309	67	2,890	99	3,786	91	3,537	179	7,565	330	14,041	119	4,856
	F	81	2,975	71	2,957	62	2,688	164	7,373	211	9,444	208	8,214	223	9,232	167	7,190
Radiology Services	M	131	2,689	97	1,823	152	2,943	215	4,824	261	6,490	410	10,603	417	10,697	253	6,085
	F	143	3,059	77	1,462	134	2,678	230	5,931	305	8,437	511	13,851	482	12,512	290	7,603
Pathology Services	M	1,269	10,725	950	8,221	794	6,343	897	7,046	1,282	10,689	2,238	18,210	3,301	24,513	1,375	11,088
	F	1,198	9,976	1,091	8,882	1,014	8,057	4,196	30,766	4,051	31,614	3,733	30,267	4,271	32,838	3,327	25,732
Other Diagnostic & Therapeutic Services	M	125	3,485	314	1,515	698	2,289	408	2,297	439	3,767	692	11,726	926	17,493	528	5,151
	F	99	2,646	223	1,356	551	2,054	734	7,749	781	9,767	914	11,463	813	12,219	708	7,900
TOTAL	M	13,777	$258,437	6,102	$111,441	4,400	$74,118	4,149	$ 74,825	4,816	$ 86,718	8,172	$153,610	15,103	$269,998	6,028	$108,886
	F	11,939	217,450	5,650	97,642	4,448	72,442	10,397	175,070	10,449	190,197	11,287	194,374	15,959	256,351	9,777	168,853

NOTE: Included are medical services provided in and outside Alberta on a fee-for-service basis.

DISTRIBUTION OF DISCRETE MEDICAL PATIENTS BY AGE GROUP AND SEX

TABLE 16

For the year ended March 31, 1982

AGE GROUP	NUMBER OF PATIENTS		
	MALE	FEMALE	TOTAL
Under 1	17,878	17,449	35,327
1 – 4	76,535	71,333	147,868
5 – 14	142,685	135,369	278,054
15 – 24	183,524	234,926	418,450
25 – 44	278,174	330,789	608,963
45 – 64	141,443	155,506	296,949
65 & Older	71,614	85,920	157,534
TOTAL	911,853	1,031,292	1,943,145

NOTE: "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

DISTRIBUTION OF DISCRETE PATIENTS BY PAYMENT RANGE FOR MEDICAL SERVICES

TABLE 17

For the year ended March 31, 1982

Payment Range	Number of Discrete Patients	% Distribution of Discrete Patients	% Distribution of Payments	% Distribution of Services
$ 0.01 – 10.00	13,793	0.71%	0.03%	0.09%
10.01 – 25.00	225,890	11.63%	1.22%	1.34%
25.01 – 50.00	326,190	16.79%	3.54%	3.83%
50.01 – 100.00	442,978	22.80%	9.62%	10.99%
100.01 – 200.00	439,433	22.61%	18.71%	21.83%
200.01 – 400.00	301,415	15.51%	25.25%	27.07%
400.01 – 600.00	102,806	5.29%	14.88%	13.90%
600.01 – 800.00	43,124	2.22%	8.85%	7.56%
800.01 – 1,000.00	20,095	1.03%	5.33%	4.35%
1,000.01 – 1,200.00	10,294	0.53%	3.35%	2.64%
1,200.01 – 1,400.00	5,790	0.30%	2.23%	1.72%
1,400.01 & Over	11,337	0.58%	6.99%	4.68%
TOTAL	1,943,145	100.00%	100.00%	100.00%

NOTE: "Number of Discrete Patients" contains the actual count of patients receiving at least one medical service on a date-of-payment basis.

DISTRIBUTION OF MEDICAL PRACTITIONERS AND AVERAGE PAYMENTS BY REGION

For the year ended March 31, 1982

TABLE 18

Region	Grand Total		General Practitioners		Specialists	
	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments	Number of Practitioners	Average Payments
I. Calgary	920	$120,628	451	$ 96,130	469	$144,185
II. Edmonton	1,295	112,108	682	80,644	613	147,113
III. Lethbridge	205	106,103	135	103,504	70	111,114
IV. Medicine Hat	69	126,750	43	109,849	26	154,702
V. Peace River	221	106,052	193	110,309	28	76,712
VI. Red Deer	199	100,416	152	97,364	47	110,285
TOTAL	2,909	$113,466	1,656	$ 92,475	1,253	$141,209

NOTES: A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis.

B. Payments to practitioners represent gross payments made by the Alberta Health Care Insurance Plan and represent neither the total income nor the net income of a practitioner.

OUT-OF-PROVINCE BASIC HEALTH SERVICES

Fee-For-Service Payments and Number of Services

For the years ended March 31

TABLE 19

	Number of Services			Total Payments		
	1980	1981	1982	1980	1981	1982
Medical	196,453	218,253	214,111	$3,488,709	$4,266,485	$4,686,282
Oral Surgery	34	48	37	2,020	6,281	5,682
Chiropractic	7,183	7,769	7,895	56,236	65,999	75,529
Optometry	1,011	1,214	1,164	16,332	21,666	22,792
Podiatry	353	300	358	4,897	5,180	6,550
Physiotherapy*			412			5,087
TOTAL	205,034	227,584	223,977	$3,568,194	$4,365,611	$4,801,846

* Includes only fee-for-service physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.

TABLE 20

OUT-OF-PROVINCE BASIC HEALTH SERVICES
Distribution of Fee-For-Service Payments
And Number of Services by Province
For the year ended March 31, 1982

	Medical		Oral Surgery		Chiropractic		Optometry		Podiatry		Physiotherapy*		Total	
	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments	Number of Services	Payments
British Columbia	88,709	$1,776,935	11	$1,317	3,841	$37,166	523	$10,315	115	$1,893	295	$3,579	93,494	$1,831,205
Saskatchewan	38,541	700,473			686	6,394	280	5,550	2	29	13	124	39,522	712,570
Manitoba	10,806	196,821			259	2,471	52	1,005			3	45	11,120	200,342
Ontario	26,220	571,252	2	175	918	8,298	209	4,082	61	917	22	187	27,432	584,911
Quebec	1,988	41,234			45	439	28	468	2	26			2,063	42,167
New Brunswick	969	17,311			23	228	5	98	3	38			1,000	17,675
Nova Scotia	2,326	41,981	2	585	34	330	6	113	1	13			2,369	43,022
Prince Edward Island	544	7,761			1	10			1	13			546	7,784
Newfoundland	404	7,893			27	251							431	8,144
Northwest Territories and Yukon	2,572	46,141					2	38					2,574	46,179
United States	34,932	1,154,279	19	3,224	1,986	19,209	50	968	162	3,520	58	862	37,207	1,182,062
Rest of the World	6,100	124,201	3	331	75	727	9	155	11	101	21	270	6,219	125,785
TOTAL	214,111	$4,686,282	37	$5,632	7,895	$75,523	1,164	$22,792	358	$6,550	412	$5,067	223,977	$4,801,846

* Includes only fee-for-service physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.

BASIC HEALTH SERVICES

TABLE 21

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1982

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Medical	$334,760,085	19,037,222	$ 17.58	977,637	$342.42	19	1,943,145	$172.28	10
Oral Surgery	4,208,521	24,295	173.23	14,407	292.12	2	14,714	286.02	2
Chiropractic	15,540,895	1,548,021	10.04	155,248	100.10	10	208,426	74.56	7
Optometry	6,281,193	307,735	20.41	232,362	27.03	1	299,325	20.98	1
Podiatry	1,795,654	90,383	19.87	27,146	66.15	3	28,905	62.12	3
Physiotherapy	2,355,147	579,792	4.06	25,595	92.02	23	26,438	89.08	22
All Benefits	$364,941,495	21,587,448	$ 16.91	999,635	$365.07	22	2,025,841	$180.14	11

NOTES: A. Included are Basic Health Services provided in and outside Alberta on a fee-for-service basis.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services.

C. Includes only fee-for-service physiotherapy payments during the nine-month period from July 1, 1981 to March 31, 1982.

EXTENDED HEALTH BENEFITS

TABLE 22

Fee-For-Service Payments and Services Per Registration and Patient
For the year ended March 31, 1982

	Total Payments	Number of Services	Cost Per Service	Number of Registrations	Cost Per Registration	Number of Services Per Registration	Number of Patients	Cost Per Patient	Number of Services Per Patient
Dentists	$10,389,072	285,982	$ 36.33	38,371	$270.75	7	46,543	$223.21	6
Denturists	3,945,639	33,278	118.57	12,524	315.05	3	13,549	291.21	2
Optometrists	1,605,608	74,693	21.50	17,678	90.83	4	19,535	82.19	4
Ophthalmic Dispensers	1,385,519	61,656	22.47	15,126	91.60	4	16,509	83.93	4
TOTAL	$17,325,838	455,609	$ 38.03	66,034	$262.38	7	82,087	$211.07	6

NOTES: A. Under the Extended Health Benefits Program, the Alberta Health Care Insurance Plan paid a major portion of the cost of eyeglasses, dentures and dental care for registrants 65 years of age and older, their spouses and dependants.

B. "Number of Registrations" and "Number of Patients" contain the actual count of discrete registrations and patients receiving services.

C. Included are Extended Health Benefits provided in and outside Alberta on a fee-for-service basis.

EXTENDED HEALTH BENEFITS **TABLE 23**

SELECTED INDICATORS

For the years ended March 31

	1980	1981	1982	Percentage Change 1981/1980	Percentage Change 1982/1981
Number of Registered Persons	188,782	194,975	203,059	3.28%	4.15%
Number of Practitioners	1,285	1,339	1,416	4.20%	5.75%
Dentists	864	903	949	4.51%	5.09%
Denturists	107	115	127	7.48%	10.43%
Optometrists	171	176	177	2.92%	0.57%
Ophthalmic Dispensers	143	145	163	1.40%	12.41%
Total Payments*	$11,751,024	$14,745,351	$17,245,513	25.48%	16.96%
Dentists	7,260,238	9,094,331	10,330,045	25.26%	13.59%
Denturists	2,647,448	3,563,617	3,934,839	34.61%	10.42%
Optometrists	992,734	1,125,509	1,602,274	13.37%	42.36%
Ophthalmic Dispensers	850,604	961,894	1,378,355	13.08%	43.30%
Total Payment Per 1,000 Persons	$ 62,247	$ 75,627	$ 84,929	21.50%	12.30%
Total Services*	377,406	412,067	453,440	9.18%	10.04%
Dentists	221,452	251,385	284,402	13.52%	13.13%
Denturists	30,666	33,110	33,147	7.97%	0.11%
Optometrists	68,836	70,001	74,551	1.69%	6.50%
Ophthalmic Dispensers	56,452	57,571	61,340	1.98%	6.55%
Total Number of Services Per 1,000 Persons	1,999	2,113	2,233	5.70%	5.68%
Average Payments	$ 9,145	$ 11,012	$ 12,179	20.42%	10.60%
Dentists	8,403	10,071	10,885	19.85%	8.08%
Denturists	24,743	30,988	30,983	25.24%	-0.02%
Optometrists	5,805	6,395	9,052	10.16%	41.55%
Ophthalmic Dispensers	5,948	6,634	8,456	11.53%	27.46%
Discrete Patients**	73,318	78,710	82,087	7.35%	4.29%
Discrete Patients Per Practitioner	57	59	58	3.51%	-1.69%

* Only fee-for-service items paid to practitioners in Alberta are included.

** Discrete Patients means the number of persons who have received at least one service during the period.

EMERGENCY FINANCIAL ASSISTANCE PROGRAM — TABLE 24

Applications Reviewed

For the years ended March 31

	Applications			Approved			Refused			Amount Paid					
										Medical Services			Hospital Services		
	1980	1981	1982	1980	1981	1982	1980	1981	1982	1980	1981	1982	1980	1981	1982
Required Services Not Available In Alberta	39	67	61	31	60	49	8	7	12	$74,977	$147,060	$127,[illegible]	$134,065	$283,511	$344,[illegible]
Emergency Services	17	30	16	15	26	15	2	4	1	20,637	23,724	13,1[illegible]	132,620	104,568	46,[illegible]
TOTAL	56	97	77	46	86	64	10	11	13	$95,614	$170,784	$140,[illegible]	$266,685	$388,079	$390,[illegible]

WORKERS' COMPENSATION SERVICES — TABLE 25

Fee-For-Service Payments and Services Per Patient

For the year ended March 31, 1982

	Total Payments	Number of Services	Cost Per Service	Number of Patients	Cost Per Patient	Number of Services Per Patient
Medical	$582,903	24,479	$23.81	13,329	$ 43.73	2
Chiropractic	111,802	7,361	15.19	1,011	110.59	7
Optometry	788	23	34.26	23	34.26	1
Podiatry	—	—	—	—	—	—
Physiotherapy	122,531	27,842	4.40	1,177	104.10	24
All Benefits	$818,024	59,705	$13.70	14,586	$ 56.08	4

NOTES: A. Includes fee-for-service payments, provided in and outside Alberta, for Workers' Compensation Services during the period from January 1 to March 31, 1982. During this period, there were no payments made to podiatrists for Workers' Compensation Services.

B. "Number of Patients" contain the actual count of discrete patients receiving services.

11. FINANCIAL STATEMENTS

HEALTH CARE INSURANCE FUND

FINANCIAL STATEMENTS

MARCH 31, 1982

Auditor's Report

Balance Sheet

Statement of Revenue and Expenditure

Notes to the Financial Statements

AUDITOR'S REPORT

To the Minister of Hospitals and Medical Care

I have examined the balance sheet of the Health Care Insurance Fund as at March 31, 1982 and the statement of revenue and expenditure for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

Pursuant to reciprocal agreements between the provinces and territories of Canada, payments totalling $5,246,760 were made from the Fund, during the year ended March 31, 1982, to Alberta hospitals on behalf of patients who were insured by a hospitalization plan of another province or territory. Since these payments are recoverable from the other provinces and territories they have not been included in the statement of revenue and expenditure. An amount of $3,455,541, which was not recovered as at March 31, 1982, has been included in accounts receivable on the balance sheet. The Alberta Health Care Insurance Act does not provide authority for such payments to be made from the Fund. In addition, the Act does not provide authority for reimbursements to be paid into the Fund.

Pursuant to an understanding reached between the Department of Social Services and Community Health and the Department of Hospitals and Medical Care, payments totalling $3,013,818 were made from the Fund, during the year ended March 31, 1982, in the form of sessional payments to physicians providing services to the Department of Social Services and Community Health. The understanding provided for the Department of Social Services and Community Health to reimburse the Fund and these payments are therefore not included in the statement of revenue and expenditure. An amount of $1,452,062, which was not recovered as at March 31, 1982, has been included in accounts receivable on the balance sheet. Certain of these payments were for services not included as insured services under the Alberta Health Care Insurance Act and regulations and therefore should not have been paid from the Fund. In addition, the Act does not provide authority for reimbursements to be paid into the Fund.

As described in Note 3 to the financial statements, effective January 1, 1982 the Fund commenced to pay for basic health services provided to injured workers coming under the Workers' Compensation Act. Approximately $166,000 was paid on behalf of injured workers who were not registered with the Alberta Health Care Insurance Plan at the time the treatment was provided. In addition, undetermined amounts were paid in excess of the authorized fee schedule and certain annual benefit limits were not adhered to. The Alberta Health Care Insurance Act and the regulations do not provide authority for payments on behalf of injured workers who were not registered and payments in excess of authorized limits to be made from the Fund.

In my opinion, except for the unauthorized use of the Fund to make payments pursuant to reciprocal agreements, certain sessional payments for services provided to the Department of Social Services and Community Health, certain payments on behalf of injured workers and for reimbursements to be paid into the Fund, as described in the preceding paragraphs, these financial statements present fairly the financial position of the Fund as at March 31, 1982 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

DOUGLAS W. ROGERS, C.A.
Auditor General

Edmonton, Alberta
November 26, 1982

Statement A

HEALTH CARE INSURANCE FUND

BALANCE SHEET

AS AT MARCH 31, 1982

	1982	1981
ASSETS		
Current:		
Cash	$ 80,152,319	$55,586,219
Accounts receivable (Note 4)	20,424,369	14,769,976
	$100,576,688	$70,356,195
LIABILITIES		
Current:		
Accounts payable	$ 6,290,095	$ 252,600
Unexpended funds due to the Province of Alberta	25,084,316	16,553,851
Premiums received in advance	2,117,021	1,698,836
Estimated liability for unprocessed and unpresented claims	61,463,779	47,205,279
Estimated liability to the Alberta Blue Cross Plan	5,621,477	4,645,629
	$100,576,688	$70,356,195

The accompanying notes are part of these financial statements.

Statement B

HEALTH CARE INSURANCE FUND

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1982

	1982	1981
Revenue:		
Premiums earned, net	$140,581,872	$122,091,817
Government of Canada contributions (Note 2)	81,542,000	69,562,000
Interest	10,978,560	5,639,308
	233,102,432	197,293,125
Expenditure:		
Basic health services:		
Medical	348,271,263	278,366,453
Chiropractic	16,052,159	12,629,492
Optometric	6,337,626	5,330,777
Podiatric	1,803,901	1,563,932
Oral surgery	4,596,243	2,713,314
Physiotherapy	3,268,514	—
	380,329,706	300,603,968
Optional	42,111,441	34,648,719
Extended health benefits	17,542,599	14,911,507
Out of province hospital costs	11,469,176	10,373,080
	451,452,922	360,537,274
Excess of expenditure over revenue for the year	218,350,490	163,244,149
Deduct:		
Contributions by the Province of Alberta	218,350,490	163,244,149
	$ —	$ —

HEALTH CARE INSURANCE FUND

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1982

Note 1 Authority

The Health Care Insurance Fund operates under the authority of the Alberta Health Care Insurance Act, Chapter A-24, Revised Statutes of Alberta 1980.

Note 2 Significant Accounting Policies and Reporting Practices

Government of Canada Contributions

Government of Canada contributions are received pursuant to provisions of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977 (Canada) and are subject to adjustment. Due to the unavailability of information regarding adjustments to previous years' contributions, or to the current year's contributions, this source of revenue is reported on the basis of information received from the Government of Canada in the year. Adjustments will be reported in the year notification thereof is received.

Changes in Financial Position

A statement of changes in financial position is not provided as disclosure in these financial statements is considered to be adequate.

Note 3 Change in Scope of Operations

The Workers' Compensation Amendment Act, 1981 and its consequential amendment to the Alberta Health Care Insurance Act, effective January 1, 1982, transferred from the Workers' Compensation Board to the Health Care Insurance Fund the responsibility for paying benefits for basic health services provided to injured workers coming under the Workers' Compensation Act. The following expenditures for basic health services provided to injured workers have therefore been included in the statement of revenue and expenditure:

Medical	$1,700,950
Chiropractic	308,456
Optometric	3,304
Podiatric	247
Physiotherapy	291,367
	$2,304,324

Note 4 Accounts Receivable

Accounts receivable consist of the following:

	1982	1981
Premiums, less allowance for uncollectible accounts and adjustments	$15,476,016	$14,193,995
Hospital costs, reciprocal agreements	3,455,541	—
Social Services and Community Health sessional payments	1,452,062	447,061
Miscellaneous	40,750	128,920
	$20,424,369	$14,769,976

Note 5 Approval of Financial Statements

These financial statements were approved by management on November 26, 1982.